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NEW YORK HOSPITAL NURSING SURVEY

TRADITIONALLY minded directors and superintendents of schools for nurses may not be pleased with the conclusions of the Committee on Public Health of the New York Academy of Medicine which surveyed the hospitals and nursing schools of that city last year and which are summarized on page 603 of this JOURNAL. Many of the conclusions are identical with those of the committee which made the Cleveland survey in 1920. They cannot be ignored. Indeed, many of the ideas advanced have already been adopted by live-minded women directing schools in many parts of the country who, while respecting tradition, are not hampered thereby and who are the fortunate possessors of the confidence and support of their boards. Such women are lifting their schools out of the makeshift class, described by Dr. Lewinski-Corwin, into the ranks of educational institutions. The actual requirements of patients are receiving more thoughtful attention than ever before. Endowments are being sought by an increasing number of schools. Non-educational duties have been reduced. Curricula are being revised on a basis of preparation of the nurse for the professional demands to be made upon her when she leaves the hospital rather than solely upon the basis of the needs of the hospital. Housing conditions are improving and recognition is more commonly given to the perfectly normal craving of young women for wholesome social life.

Dean Inge says, "It is useless for the sheep to pass resolutions in favor of vegetarianism so long as the wolf is not similarly minded." So, too, it is useless to hope to bring about marked improvement in schools for nurses or in the care of the sick, without strong community support.

Such surveys give solid ground for discussion in the effort to secure this understanding and support. They also help to clarify our own thinking, which all too frequently is muddled because of the pressure of the task of the moment. We need, and should welcome, such help as careful surveys offer in fulfilling our larger obligation

to society,—that of providing the number and kind of nurses necessary to meet the ever expanding demands upon our profession.

Do Go To Seattle

IT is an open secret that the boards of hospitals, of schools for nurses, and of public health organizations have to be educated. The responsibility for their breadth of view of our problems is primarily ours. Have you taught *your* board to appreciate the worth of state and national conventions? Do its members know that the week in Seattle will give you a just sense of your own achievements and in addition invaluable new ideas, new aspirations, new courage?

It is not self seeking to ask for the necessary leave of absence nor even to permit your organization to pay your expenses wholly or in part. Such use of time and funds should be looked upon as an investment which will pay compound interest. The reports you will bring back to the board, to supervisors, instructors, head nurses, and to students should develop in them an enthusiasm comparable to your own and thus stimulate your whole organization.

Every nurse who can possibly manage it should go to Seattle. If you are young you will be steadied and strengthened by the poise and wisdom of those long in the field. If you are of the older group you probably need to be freely exposed to the fearlessness and enthusiasm of the rising generation. If you work alone in private duty or community work you need the inspiring contact with your fellows. If you are an executive you have a dual responsibility,—that to yourself and that to those who look to you for guidance. Go to Seattle in a generous spirit. Be prepared to give of your own riches. Every nurse has something that is peculiarly hers to give, whether she is on the programme or not.

Plan to go to Seattle. Take as many people, lay and professional, with you as you can possibly get together. No person could fail to be stirred by the papers and discussions and by the spirit of high endeavor which is so characteristic of our national gatherings. Go to Seattle and help to demonstrate that our great and growing profession is upholding its ideals of social usefulness in a storm tossed world, and if you contrive to have "a good time" doing it, by just so much will you and your organization be the richer. Do go to Seattle.

The Uses of Adversity

WERE you ever a patient? If you have had that experience you learned much about your profession. If you required frequent treatments, you came to dread the turn on duty of the careless ones—the nurses who went through the motions but neglected

the fine finish that made all the difference between comfort and discomfort to you. For the succeeding hours the nurses on the floor wondered what was the matter with you anyhow! They did not realize that it was not mere coincidence that your signal light sometimes did not show for hours after a certain nurse had given the treatment or that it behaved like an irritated firefly after others.

You wanted to be a good patient. Well you knew the reputation of doctors and nurses for being the most exacting patients on earth. You wanted to be an exception, but somehow you never succeeded. The day nurse never knew that the too soapy bath that left your skin feeling fairly starched was the cause of part of your fussiness. You tried to be kind. You did not tell her how you hated that bath, and she, conscientious but lacking in perception, never by any chance omitted or modified it.

You will never forget the blessed comfort of the nights when your own particular favorite was on duty. It was a foregone conclusion that you would sleep or that you would have a maximum of comfort if sleep did not come. She did not have to be reminded of your smaller wants and did well each thing in its turn. As she left the room, you drowsily thought, "I'm really better—I must tell the head nurse what a good nurse she is." But you went to sleep and in the morning, like any other patient, you forgot it.

If you teach, you should be a better teacher for that experience. If you are a private duty nurse, you should be more thoughtful and more attentive to detail, but human nature is as prevalent among nurses as among patients and so we are asking if you have ever put that particular misfortune to any good use? Are patients receiving more finished care because of what you learned or are you merely resignedly—and destructively—saying, "Students are not what they used to be"?

A Summer Course at Stanford University

THE Summer Course at Stanford University, announced on page 632 of this JOURNAL, is planned primarily for those interested in the teaching of nursing subjects, but the electives offer much that should be of value to nurses in other fields. Western nurses have always been well represented at Teachers College, heretofore the only school offering such courses, but the new course will make a strong appeal to those who have been unable to spare the time and to meet the expense of the long journey across the continent.

The nursing faculty, headed by Helen Wood, Director of the Washington University School for Nurses, is made up of women of

unusual attainments and of such distinction that the success and the worth of the course are assured.

Many nurses have found that a Summer Course roused an intellectual hunger that could only be satisfied by "more." Many others have found them an "Open Sesame" to a broader life. Western nurses who are interested in teaching can be relied upon to appreciate and to make the most of the opportunity offered by Stanford through the initiative of the California nurses.

A Commencement Gift

THE Publications Committee of the National League of Nursing Education, 370 Seventh Avenue, New York City, is reproducing for future use, the 1922 Calendar portraits and sketches in booklet form. There will be an increasing and constant demand for these historical sketches, and the booklet will make a valuable though inexpensive gift to graduating classes of nurses. This booklet should be a possession of every nurse and may well be the nucleus round which the graduates of 1922 will gather the historical material that every nurse accumulates, through the years.

Special Uses for Journals

SOME of our readers, we know, get full value from their JOURNALS because they use them as a basis for teaching, for discussion, and for interesting others in our work, in addition to finding them a source of information for themselves. "Enclosed find check for extra copies of the April JOURNAL which I want to present to the members of my committee" is quoted from a letter that is typical of those subscribers who seize every opportunity to advance the cause of better nursing. Arguments for the better education of nurses carry infinitely greater weight with boards and committees when presented by those who are not of our profession and who are therefore not susceptible to any charge of self interest or of myopic vision. Have you made the most of Dr. Beard's article? Think it over. Perhaps you, too, could profitably use a few of the extra copies we have.

The June JOURNAL is now in the making. It will be attractive in appearance. It will carry numerous articles of particular interest to prospective student nurses. We suggest that you order extra copies in advance and have them sent to those of your friends among the young women graduating from our high schools and colleges in June. Every graduate nurse has an obligation to do her part toward keeping our schools constantly filled with students. The June JOURNAL will help you fulfill that obligation.

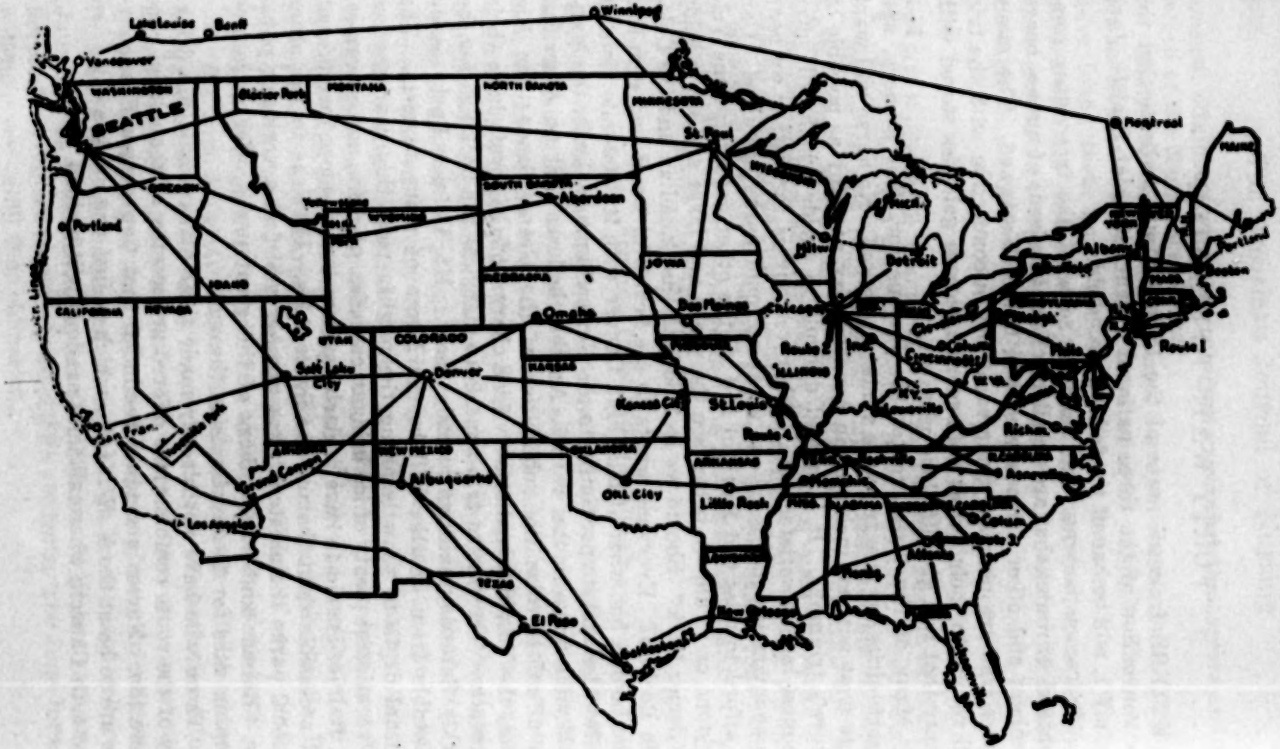
"FORTY WAYS TO SEATTLE"

LETTERS from all parts of the United States indicate that the convention of the three national organizations at Seattle, June 26-July 1, will be one of the largest ever held.

The accompanying map indicates some of the interesting combinations of routes that are possible for the hundreds of nurses, board members and other friends who will travel Westward. The many nurses who are planning their vacations in connection with the trip will return to their duties with mental picture galleries stored with beauty that will give life-long pleasure.

Many of the direct routes are famous for their scenery, and opportunities for side trips are almost unlimited. No nurse will want to go west without including in her itinerary as many as possible of nature's triumphs. It is indeed difficult to decide which will offer the most lasting satisfactions. Wherever nurses foregather we hear the comparative merits of our great national parks discussed. Can we afford to miss Old Faithful and all the other geysers of the Yellowstone or would we better see the peaks and lakes and snow fields of Glacier Park? Should we include both the Canadian and the Colorado Rockies? Everyone wants to see beautiful Banff and gem-like Lake Louise, but what of mile high Denver with its 200-mile vista of the Rockies and its proximity to the Never-Summer Circle, the highest skyline drive in the world? Another believes that no American can afford to miss the sublimities of the Grand Canon; the Big Trees, the Yosemite and other varied charms of California have their advocates. The Alaska trip appeals to many, as the bookings for the weekly Saturday sailings already show. Mt. Rainier Park, easily accessible from Seattle, will be the Mecca of many tourists. The unusual depth of snow covering the mighty peak this year assures the vacationist plenty of ice bridges, cascades, glaciers, and crevasses. Mt. Rainier is said to have a glacial system larger, more magnificent and accessible than that of the Swiss Alps. Here, as in the other national parks the amateur photographer will find a veritable paradise. Rainier and many others of the great parks offer attractive camping sites for those who drive through.

Those who have not already made their plans should not delay. Any of the route combinations offered are worthy of thoughtful consideration. Nurses are again reminded that Convention Headquarters are to be at the Y. W. C. A., which is just one block away from Plymouth Church, where all joint sessions will be held.



BIENNIAL CONVENTION—VACATION—PACIFIC COAST—SUGGESTED ROUTES

THE HOSPITAL NURSING SITUATION[1]

By E. H. Lewinski-Corwin, Ph.D.
Executive Secretary, Public Health Committee, New York Academy of Medicine, New York

NEXT in importance to the medical personnel in the hospital organization is the nursing force, its size, composition, character and professional equipment. In connection with this phase of the survey of New York hospitals by the Public Health Committee of the New York Academy of Medicine, 70 institutions were visited and the facts ascertained from the superintendent of nurses in each instance. In the 59 hospitals of New York City in which nurses are schooled, directly or by affiliation, information was secured in detail about the length of the course of training, the entrance requirements, the theoretical and practical instruction given, the hours of duty, the amount of supervision, and the distribution of the assignments of the nursing force by types of work and length of service. Similar information, slightly modified to meet the differences in conditions, was obtained from the institutions maintaining no training schools or those in which secondary nurse training is attempted. All the statistical facts were tabulated and the following deductions drawn: In hospitals with training schools, about 15 per cent. of the staff is engaged in supervisory work, although variations in this regard are considerable. We further ascertained that from 50 to 60 per cent. of the nursing staff of the hospitals is on ward duty and from 15 to 20 per cent. on night duty.

The age requirement for entrance varies from 18 to 21 years; in eighteen of the fifty-two full-fledged registered training schools it is 18 years, in accordance with the minimum requirement of the law. One year of high school is the educational requirement for admission in all but two; in these a complete high school course is required. College graduates receive credit varying from one year to six months in four of the three-year hospitals.

In most schools, the average daily number of hours of duty is ten. In seven instances it averages nine hours, in one instance nine and one-half, in two others eight and one-half and in seven of the schools eight hours. Even where the eight-hour day prevails there is no arrangement for three shifts of equal duration, except in two institutions.

[1] From the summary of the study of the Hospital Survey made by the Public Health Committee and presented at the New York Academy of Medicine meeting on December 1st, 1921.

Most of the schools give the pupils a monthly monetary allowance, ranging from $5 to $35. Likewise uniforms and textbooks are supplied. In some of the schools the allowance is the same throughout the course, while in others it increases with advancing study. It may be of interest to note in this connection that the two hospitals which require a complete high school course for admission and charge an entrance fee of $70 in one instance and $20 in another, do not grant allowances to their pupils and are reported as having at no time suffered very acutely from the shortage of pupil nurses. Two hospitals give cash bonuses at the completion of the course; in one instance it is $50, in the other $300.

Even prior to the enactment of the law of 1920 recognizing trained nurse attendants, several hospitals, confronted with the difficulty of obtaining pupil nurses, began the training of women to aid in the care of the sick in a practical way. Among the first were some of the institutions in the Department of Public Welfare. Since the enactment of the enabling act, several other hospitals have begun the training of nurse attendants. The pupils of these schools receive maintenance and monthly cash allowances. They are trained either in hospitals having no standard training school or in institutions for chronic disease cases, sanatoria, convalescent homes, or similar institutions for the non-acutely ill.

Our study has shown that there is little uniformity among the schools in arranging their work and considerable deviation from the rules laid down by the State Board of Regents. In several instances no schedules of the teaching curriculum could be obtained. The teaching is often carried out haphazardly, and is always secondary to the exigencies of the hospital service. This may perhaps account for the high percentage of failures at the licensing examinations.

Broadly speaking, the training schools as at present organized are hardly schools in the usual meaning of the term. They are makeshifts designed to meet the conditions which have developed in the process of "creative evolution," largely economic in nature.

The acute shortage of nurses experienced during the war has brought the training school to the forefront of the hospital problems. Not only does the educational side of the training school claim attention, but also its economics in relation to the hospital, and its responsibility to the community. The economic phase has been frequently spoken of, but no attempt has been made to evaluate it accurately, and there is no hospital in New York which possesses figures to show the extent to which the training school is an economic asset or liability. At the present time 57 per cent. of the nursing work in hospitals with training schools is done by pupils, 36 per cent.

by graduate nurses, including the supervisory force, but excluding the private patient special nurses, and 7 per cent. by the sub-standard variety.

Due to the growing demand for pupils because of the expansion of the hospital field and the synchronous broadening of large opportunities for young women in other branches of work, the question of the future supply of nurses is one of paramount importance. Many changes will probably have to be effected in the present organization of the schools and their relationship to hospitals to make them more attractive to students and better fitted for the discharge of their duties.

Among these is the curtailing of the length of the course of instruction to not more than two years' duration—a third year or a part of the third year might be devoted to post-graduate or special instruction; a revision of the teaching curriculum in consonance with the medical and social demands; a conscientious adherence to these revised standards of education; an active supervision by the state educational authorities; the elimination of non-nursing duties from the routine of pupil nurses in hospitals by the assigning of such duties to paid ward helpers, who have been successfully employed in several hospitals in the city. At the present time graduate nurses are engaged in duties from which they could be profitably released by ward helpers. Among further desiderata frequently mentioned are an internal reorganization which would make the stay in the training school less of a hardship than it sometimes is; the gradation of various types of nurse graduates; the operation of schools on an endowment basis and the possible affiliation of some of them with colleges; the employment of graduate trained nurse attendants in hospitals; the licensing of nurse registries and the provision for old-age insurance for nurses.

The need of immediate extension of the nursing staffs in our hospitals has been amply demonstrated by another phase of this study. In gauging the amount of nursing needed in a hospital, no attempt has hitherto been made to ascertain it with any degree of accuracy. More with a view of indicating a method of approach than of devising standards, the active interest of ten superintendents of training schools was enlisted in a time study of the bedside nursing required by the average type of case in the surgical, medical and pediatric services of an acute hospital. Without attempting to present the details of the studies, it may be said that on the basis of 37 cases in ten different hospitals, it has been ascertained that an adequate amount of bedside nursing per average patient is 5 hours and 4 minutes in a 24-hour period, with an average of 5 hours and 39 minutes in the pediatric

group of patients; 4 hours and 57 minutes in the medical group and 4 hours and 39 minutes in the surgical group.[2] In the light of this standard, it is easy to judge how far short we fall in nursing requirements in most of our hospitals. None of the hospitals in New York City reaches this standard, two show as high an average as 4.8 hours, but there are some as low as .6 of one hour per patient in 24 hours.[3] The municipal hospitals, because of a niggardly policy of the city, fall much below the above standard, but even our best hospitals are considerably below.

It is with this in view that the statement can be made that the bed capacity alone does not indicate the availability of hospital facilities. Hospitals with a nursing standard falling so much below the requirements for adequate nursing as many of them do should not consider themselves able to run to full capacity. This leads one to emphasize the immediate need of ampler maintenance funds rather than of additional facilities when the hospital situation of a large city like New York is considered.

IN LABRADOR

By Josephine S. Lewis, R.N.
Rome, Georgia

I HAD dreamed of Labrador since I was a wee youngster for I had heard my father tell of a man who had come from England to help those isolated people not only from a medical standpoint, but from a social and economic one as well. That man the world knows today as Dr. Wilfred T. Grenfell. I wanted to see that country, to serve it if only in a small way, and now since that experience has become a memory, I want to give a brief account of it for others who may be interested.

We sailed from Quebec on the *Labrador*, which is about one hundred and twelve feet long and twenty-six feet wide. She has space for fifteen first-class passengers, while there were thirty on board.

We managed to crawl down the gangway which literally stood upon end, as it was low tide. When we reached the deck we found a poor fisherman's wife sitting on a pile of rough lumber with five children about her and an infant one month old in her arms. She

[2] Miss Greener described in detail in the February, 1921, issue of the Modern Hospital the study as it was carried out at Mt. Sinai Hospital.
[3] This hospital has a considerable proportion of chronic patients.

said, "It is so hot here," and it certainly was. The baby was securely wrapped in red flannels and "just a cotton quilt over its face for a covering." It was scarlet and had regular periods of suffocating, but "'tis the way of the coast" to care for an infant. The rough lumber, which almost covered the deck, belonged to an Episcopal minister who was taking it with him to build a church somewhere on the north shore. In one spot chicken crates were piled with their contents of crowing roosters, quacking ducks and squeaking guineas. These served as our deck chairs during the loading.

When it came time to retire, four of us found ourselves in the same stateroom. All I can say is that the carpenter who constructed it was not only a genius, but must have been ambidextrous as well. I concluded that I would leave it to my companions and let them retire upon the installment plan. I attempted to sleep outside. Never had I known that so small a boat could have so many angles and curves. I tried them all, and finally curled around the smokestack, where I remained until three-thirty.

Twenty stops were made between Quebec and Harrington and each place seemed more interesting than the last, for the north shore of the St. Lawrence is chiefly populated by the French, but at not a few places we saw both Eskimos and Indians. We generally anchored outside and all the small boats of the village would come out to load and unload our cargo. Passengers were quickly exchanged, a hasty "*bon jour*," the whistle blew and we were off for the next port. We were four days making the trip and had delightful weather most of the time.

Everyone was out early for we wanted to see it all. The Laurentian Range was covered with snow almost all of the way. We finally saw Harrington,—far away on a rocky promontory was the wireless mast with the operator's tiny white house close by, and it was not long before the Harrington group was spread out before us with its many long, low islands, three of which—the only ones inhabited—were dotted with small white houses.

The community of Harrington is situated just off Cape Whittle along the north shore of the Saint Lawrence about seventy-five miles west of the straits. To one accustomed to other climes the landscape is striking. It has a solemn and austere beauty. Although on the islands nature forbids trees, shrubbery, and almost grass, the ragged and undulating rock of somber hue, dotted with patches of moss and eroded with scars of ice in ages past, presents a variety and beauty of its own, blending fittingly with the skies and waters of this northern panorama. It is barren and bleak and isolated beyond description, but not only its inhabitants, but many of its volunteer

workers think there is no other place quite so attractive. The community proper is nestled in a little cove close by the sea. It consists of forty families who attend two churches, an Anglican and a Presbyterian. There is also a mission hall where public gatherings are held. The hospital[1] is a two and a half story frame building with a capacity for fifteen beds, as well as facilities for housing the nursing personnel and help. The resident physician has a cottage near by where he and his family live. The hospital was equipped better than I had anticipated, including an operating room and reasonable facilities for examinations. Among its other belongings were a cow, chickens and dogs. The cow and chickens were not only a great benefit, but were as well an object of perennial interest to the community at large for they were the first of their kind which had appeared upon the islands.

To me the dogs created no end of fascination and fear. They are large, beautiful, shaggy, and usually white. They are never known to bark, but sit on their haunches with their heads turned heavenward, jaws relaxed, and howl for hours. Of all weird incantations there is nothing like it except more Eskimo dogs. They generally chose 2 a. m. under my window for their conventions. At times it was rather trying and one was almost driven to using the Army phrase, "Snap out of it," but the Eskimo dog is invaluable to the inhabitants. When on night duty I naturally did not mind it so much, but the patients would often offer a complaint, calling out, "Oh, sister, what a won'erful noise them dogs is makin'." "Won'erful" was a form of superlative which they applied to any and all conditions whether a beautiful or a cold or a stormy day, whether a sense of joy or pain or sorrow. It was always "won'erful."

Now as to our work and the class of patients. The latter were nearly all fishermen and their families and the work consisted of everything from maternity cases to plaster casts. One of the things which made a profound impression upon me was the large number of tubercular chest and bone conditions, due to lack of proper nourishment and unfortunate housing and clothing. So our duties were not in specialising. It was the care of an expectant mother or that of a tubercular patient with casts and appliances, a case of starvation or a child suffering with the after effects of the "flu." Some days we were busier than others, as when an operation was on hand or when a maternity case was to come off. If it were in the hospital,

[1] This is one of six hospitals maintained by the Grenfell Association. The others are at St. Anthony (the home of Dr. Grenfell), Battle Harbor, Indian Harbor, North West River, and Pilley's Island. Nursing stations are maintained at Forteau, St. Lewis Bay, and Flowers Cove on the West Coast of Newfoundland.—Ed.

well and good, but if it were in the home, that was another story. One home I remember well. I was called at 4 a. m. by the resident nurse who asked if I wished to go out "to assist in an obstetric case." "Anywhere if I can be of service," I replied. I crawled out and dressed quickly. It was only a short distance and I followed the instructions to avoid the marshes by skirting the water's edge. I was warmly greeted at the fisherman's cottage and was ushered into the room where lay the expectant mother. As she was suffering, I said more in sympathy than for information, "Have you a great deal of pain?" She looked at me with her clear blue eyes and replied, "Oh, not too bad." That too is a coast expression.

I was surprised to find the home so immaculately clean—small rooms with low ceilings, but everything in order. It seemed like a big doll's house rather than a fisherman's cottage. The little woman had to be taken to the hospital, carried on a stretcher by the doctors, and there her baby greeted the world soon after.

I have previously described the poverty of the soil along the coast and it must be remembered that the winters are long and severe, the first snow coming in October and lasting until April or even June. The entire harbor is frozen over and travel is by dog teams hitched to komatiks from island to island and over to the mainland, more than five miles distant. It is from the mainland that the year's supply of fuel (wood) is brought by these same dog teams. This land is cut off for seven months of the year from communication by steam with the outside world.

I do not mean to give the impression that the sun never shines. On the contrary, when there are clear sunshiny days in summer with a wonderful blue sky overhead, I cannot imagine a more ideal climate. There are many such days, but the cloudy, cold, foggy ones outnumber them. And such fog—it can come and go so quickly that it only adds to the mysterious fascination of the country, while the actinic rays of the sun are so intense that the briefest exposure results in a burn.

The Labrador diet is most limited,—principally fish. In winter one can say that it is *the* diet, for with it they have only bread, with molasses for sweetening, and rice which they cook in a phenomenal cement form and which they call "puddin'." Their diet is restricted because the climate prevents the production of fruits, vegetables and domestic animals. All vegetables, fruit and milk must be brought in cans by steamer and must be purchased by coin or trade. Each family provides itself as its more or less limited purse may permit. The hospital endeavors to maintain a reasonable supply of food, a privilege which is not enjoyed by all along the coast.

The sole enterprise and means of subsistence is that of the great cod fisheries, which are, I believe, the largest in the world. So in the hospital the chief topic of conversation would be, "Are ye gittin' many fish?" or "Sister, 'tis a fine day fer dryin' fish." A patient would peer out of the window, gazing into what seemed to be space, when of a sudden his face would light up and he would remark, "I see Bill Mack's schooner comin' round the point." "Where?" I would ask. "Oh, I can just see the top o' her mast," would be the reply. That they could distinguish anything upon the water at any time was always a source of wonderment to me. They could tell the size of the boat, how many people and fish on board, whence they came and if she were having a "fair wind," with such accuracy that I wondered if they could tell how many shillings the skipper had in his pocket.

Our port was almost the first English speaking community up from Quebec and to hear them drop their "h" was ever amusing. Their cheerfulness, gratitude and patience were a continual inspiration to us. They always addressed us as "Sister," and no matter what they asked for or what they received it was "Please, sister," or "Thank you, sister." Courtesy and politeness were innate in them, even in their isolation. There were many pathetic illustrations of their simplicity and ingenuousness. One patient of whom I inquired if she had ever seen beans growing, brightened up and said, "Oh, yes, I has seen beans grow. I put them in a can once in the house and they growed all round the window. They was not much to eat, only to see." Another poor soul, who seemed just awaiting the summons, had a most annoying cough and a worn out haggard look—hard work, poverty and lack of recreation had left their imprint upon him. When I looked at his chart I was shocked to find that he was only forty-four. I asked him one day, "Tom, where do you live?" "Oh, in the little house you sees in the cove. Me and me brother lives there together. We owns it in partnership, he owns half and I owns the other half. He is married and I am not, but we meals together." I said, "Does he ever come to see you?" "Oh, yes, sister, dat be him on top o' dat chair" (pointing in the direction of the chair) "last night." One might have thought he was referring to a crate of oranges or a basket of potatoes. At another time I took him a small white flower of cottony texture and said, "Tom, what is the name of this?" "Oh, sister, I spose there is a name fer it, but I jest calls 'em flowers." He was always, always satisfied and grateful for the least service. He recovered from the cough and is back "fishin' " again. When I sailed he came rowing out and called to me, "Oh, sister, I jes comes out to say goodbye. God bless you and come back again."

While I have given an abridged description of my experiences and observations in Labrador, there is so much of humanity, pathos, life and fate that volumes might be written. If I have made clear to others the character of these people and their conditions of living, I shall have accomplished much. They are not crude and uncivilized as many have imagined. They may be rough and untutored, but they are industrious, hardy, kind, patient, clean and sturdy. Crime is practically unknown. They come primarily from the same stock as our American ancestors, but like flowers struggling on a barren soil, their development has been retarded by adverse circumstances and environment.

It is for these people that the International Grenfell Association maintains along this coast, stretching for hundreds of miles along the Gulf of the Saint Lawrence and the bleak Atlantic from Newfoundland northward a number of centers where hospitals and medical facilities are provided, schools, orphanages, industrial training plants and coöperative stores. This is done not as a charity, but as a means of rendering these people self-supporting and to bring to their doors some of the advantages enjoyed in other lands. A large portion of the help in this movement is volunteer and funds are contributed by every continent.

Our lives have been made richer by contact with the Labrador folk and our association with the other workers. While we may have given to them, in return we have seen the vision of faith, sincerity, gentleness and simplicity. They are as the little children, "for of such is the kingdom of heaven." We all aspire to make our lives useful to our fellow man. I am ready to serve them again at any time and under any condition. My experience with them has but accentuated the impression I gained when in France during the war, that it is service to humanity, no matter in what portion of the globe, which leaves with us a lasting sense of satisfaction.

THE last report from the treasurer of the Delano Memorial Committee states that the present status of the fund is $9,054.18—a gain of approximately $2,500 since the first of February.

One item shows a contribution from the Student Nurses of the Indiana University School of Nursing, of $112.00. It is believed that an effort should be made to interest the student nurses in this memorial and therefore in the work of the Red Cross.

WHAT NURSES NEED TO KNOW ABOUT FOOD AND DIETETICS[1]

By M. Helena McMillan, R.N.

Superintendent of Nurses, Presbyterian Hospital, Chicago, Illinois

FROM the point of view of the speaker, nurses cannot know too much about food, dietetics, and all that is included under those terms, and undoubtedly nurses in charge of schools will gladly welcome greater interest on the part of dietitians, and their assistants in working out and putting into general effect, a broad course of instruction for the student nurse, covering those points in theory and practice, which are vital to the nurse's success in her profession, and without which knowledge she is disqualified from giving to the patient and to the physician the service which both are justified in expecting from her.

The dietitian, being a member of the faculty of the nursing school, has to contend with the same problems in her teaching plans that members of the nursing staff meet continuously, and for that reason, in order to secure a greater understanding as well as more sympathetic coöperation, it appears not unseemly to briefly outline a few of the more evident difficulties of this group, the members of which are becoming more and more vital factors in the successful administration of hospitals, who are essentially interested in the teaching of an important subject to nurses, and who alone are qualified to give to the nurse what she should receive of food knowledge.

First of those difficulties which must be overcome is the lack of understanding, by the public, of the fact that nursing schools should be listed among educational organizations. The public does not fail to expect an educated graduate nurse, but so far has troubled little to provide conditions for that education. If the teaching of dietetics in nursing schools is to assume worthwhile standing, it is only by securing for the schools themselves proper recognition. Hospitals, however well intentioned towards their student nurses, are helpless to radically alter nursing school conditions without the intelligent support of the community, partly for the reason that changed conditions require much larger appropriations of money than has customarily been spent upon nurses.

Physically overworked nurses cannot become students of whom any teacher may be proud, so that the release from practical work

[1] Read at the Fourth Annual Meeting of the American Dietetic Association, Chicago, October 24-27, 1921. (Somewhat abridged.) Published also in *Hospital Management*.

must cover, not only classroom periods, but time to study without the handicap of extreme physical weariness, if successful teaching is to be accomplished. Sometimes the long hours of routine hospital duties are extended to the dietitian as well as to the student nurse body with disastrous results to teaching endeavor, which it is quite unnecessary to elaborate upon in this paper.

Lack of mental training and elementary school preparation is often another serious obstacle in bringing about worth-while classroom results, and hospitals accepting candidates with less than the full four years high school preparation are not qualified to give anything but the simplest type of theoretical instruction.

Another element which is likely to influence educational opportunity for the student nurse is the introduction into hospitals of the student dietitian. Wisely and justly managed, with careful selection of hospitals, ample educational material may be found for both student nurse and student dietitian. Otherwise, and as present tendencies might indicate, it may lead to the absorption of educational opportunities for the student dietitian, leaving for the student nurse only that which trains—not the mind, but the hands. If such a situation arises, or having arisen continues, it will be due only to lack of understanding and of close coöperation between the two groups of women who, on account of their common interest in hospital work, are being brought more and more into intimate contact. The serious issues involved, which affect the care of the sick and the success of the hospitals, as well as the dignity and self-respect of the women themselves, call for a careful cultivation by dietitians and nurses of a generous, sympathetic and helpful attitude towards the problems and aspirations of each other.

After an acquaintanceship with dietitians extending over a period of twenty-three years, the following is offered for those nursing schools with high school entrance requirements and which, besides dietetics, carry a general schedule of instruction, well planned and adjusted.

The time allotted to dietetics might cover forty classroom, demonstration, and laboratory periods,—thirty of these being given in the early part of the first year and ten in the final year. Supplementing this, one to two months' time may be spent in the hospital diet kitchen, and from six weeks to two months in the tray service departments of the hospital.

In the classroom the student nurse should have a good drilling in all those principles necessary to secure her real interest in cookery, and an explanation of all methods adopted, so that her intelligent, faithful coöperation be secured in obtaining for the patient a diet

fitted for his need. This means an earnest study of food classification; of food composition and of food values; prescribed reading, class quizzes and discussion of nutrition, covering digestion, absorption, metabolism and general instruction on diets and dietary treatment in disease.

The ten periods in the final year, besides being used for general review and a final opportunity to secure the nurse's interested, independent, reading and study, should be utilized to elaborate upon diet problems until assured of her understanding of well balanced diets and her ability to work out a prescribed meal.

Nursing schools provided with suitable laboratory equipment simplify the dietitian's task, allowing demonstration and laboratory periods to follow class instruction, securing immediate practical application of principles, under close supervision. Failing this, demonstrations, for which the diet kitchen must be used, may be supplemented in various ways. For instance, experience in such problems as measuring and calculating her definite dietary may be obtained by designating to each student the quantity required for her own meals, and arranging, by placing of scales in the nurses' dining room, that each meal be weighed by her,—this practice work continuing until she is thoroughly expert. Demonstrations in tray service, preparation of tea, coffee, and other beverages, of cereals, toast, chops, beef steak, eggs and oysters served in all forms, and the other necessary things, may be followed by practice in the tray serving departments of the hospital which offer a wonderful field of training for the nurse. Here also may be emphasized the fact that if coöperation of the patient to eat an undesired diet be expected, utmost attention must be given to its attractive presentation; also that a scientific habit of quantity service be developed and the constant tendency of inexperience and ignorance to overload plates and trays be overcome.

To get good results in this practice field, close supervision is necessary and the senior dietitian does well to spend what time is possible in following up in these service rooms, where much food lore may be put into practice. Here may be observed rules of economy, of care and of preservation of food. Here the student nurse gets her contact with the patient and the physician, by interpreting to the first, in material form, the wishes of the latter. Here also the final distribution of food takes place, where by serving hot things hot, cold dishes as such, and by faithfully carrying out other instructions received in classroom, in demonstration and in diet kitchen practice, there may be brought about the successful completion of each meal, the preparation and cooking of which has involved much

effort on the part of many. Two groups of nurses, with different stages of food knowledge, may be trained in these service rooms at the same time. The Senior, having completed the diet kitchen practice period and all but the final class instruction, is qualified, under general supervision, to carry the responsibility of the service. The Junior nurse assumes no responsibility, but acts as an assistant. She is at the same time carrying, or has just completed, the theoretical instruction in dietetics and preferably, although this is not always possible, has had her diet kitchen practice.

Practice work in the hospital diet kitchen for approximately four hours each day, given early in the nurse's training, may accompany classroom and demonstration teaching, or follow as soon as possible after the completion of the thirty-period course. A hospital diet kitchen, where the effort leads directly to the patient, is a most stimulating workshop for both dietitians and nurses. As a teaching centre, the danger is that the demands of the hospital, or the ambition of the department, may cause it to undertake too much work with too small a staff, and constant watchfulness is necessary to prevent this condition arising. Bringing to the diet kitchen the diabetic patient to be instructed in preparing his own food, may be welcomed, not only as beneficial to the patient, but for the emphasis it places on the educational function of the department, while also the introduction of the student dietitian for practice and experience further aids in bringing out that side of its work, and helps to make the student dietitian a welcome and acceptable addition to the group.

Cooking undertaken by the diet kitchen should be merely supplementary to that of the general kitchen, never attempting to carry full tray service for any group of patients, excepting those on quantative diets. It may take care of special foods, such as broths, custards, some desserts and salads, all individual requests of patients, covering portions of potatoes and other vegetables, of meats, poultry and fish, and all treatment diets as salt free (including bread making), diabetic with quantative measurement practice, nephritis, anti-fat, anti-constipation, and any other physician's orders. If the hospital does not have a milk laboratory in connection with the Children's Department, where the nurse is instructed in making up the various formulae for infant feeding, this also would come under the duties of the diet kitchen.

In a hospital running a good-sized medical service, the above will keep a teaching department sufficiently occupied and will provide good clinical material. To carry such a department satisfactorily the dietitian, as a teacher, should not be burdened with other administrative duties, she should have at least one competent assistant and, as

the student nurse group varies in numbers and changes repeatedly, a sufficient number of efficient maids to carry routine duties, and to secure permanency for the work of the department. The student nurse may then advance in logical order from task to task, spending on each only the amount of time necessary to grasp and hold the lesson involved, and being assured of release when that is accomplished, she is much more likely to make proper effort and to develop a lasting interest in food problems.

One dietitian, to correlate class and practical work, uses the last half hour of each morning's work in the diet kitchen to quiz the student nurse on the four hours' practice period. A note book is kept in which the student outlines the details of each talk, writes out any recipes used, states what food principles are involved and finally describes how the articles are to be presented to the patient.

Advancing in her general training, the student nurse by her contact with physician and patient, and through bedside and lecture instruction from the physician, supplements the earlier knowledge and by the combined teaching effort becomes truly qualified to serve the patient intelligently and to take to him a diet correct in choice, in preparation and in presentation.

BLINDED SOLDIERS MAKE GIFTS FOR PRINCESS MARY

By Mary Hamer Greenwood, R.N.
London, England

PRINCESS MARY received many gifts on the occasion of her marriage to Viscount Lascelles. There have been gifts that are worth a king's ransom, and others that have but little intrinsic value, but one and all have come as an expression of the regard and affection with which the King's daughter is held by all. The presents of the blinded soldiers of St. Dunstan's Hostel were simple, but were the work of men who had learned to overcome their handicap at that institution, whose founder, the late Sir Arthur Pearson, himself blind, in very truth brought light to them that sat in darkness.

Corporal George Barr of Australia, who went through the hell of Gallipoli, made a work basket of cream straw with decorations of pale pink and blue enamel straw. Richard Barber of Kent, England, made a woolen rug of contrasting shades of grey, five feet long. Both these men are totally blind and each has lost an arm.

The gifts were, by special permission, presented by the men

themselves, who went to Buckingham Palace, escorted by the matron of St. Dunstan's Hostel, wearing her nurse's uniform and the Order of the British Empire. They were received by Princess Mary, who was accompanied by Lord Lascelles, in the Throne Room. The Princess, who is very fair with a wealth of golden hair, has clear blue eyes which grew sad, in spite of her happiness, when she looked at these two men who had made such sacrifices for their King, her Royal father, and for their country. After shaking hands with them both, Her Royal Highness said, "The knowledge that the gifts were made by the donors renders them additionally acceptable, and in tendering them my warmest thanks, I assure them that I shall continue to take the greatest interest in the work of St. Dunstan's, and the welfare of its inmates."

The men were then escorted from the Throne Room and down the grand staircase of the palace by the soldiers on duty, with whom they exchanged many cheery words. Then back to St. Dunstan's to tell their comrades the story of the presentation of their gifts, and the sweet graciousness of Her Royal Highness, Princess Mary.

CONTROL OF VENEREAL DISEASES[1]

By P. H. Bartholomew, M.D.
Division of Venereal Disease, Department of Public Welfare, Nebraska

WHAT are the venereal diseases? They are gonorrhœa, syphilis, and chancroid.

Gonorrhœa is the most prevalent of any disease in this country except measles. Syphilis is our greatest killing disease. Steps have been provided by the nation to prevent these diseases. Each individual state has taken measures to endeavor to control venereal diseases. What methods are being utilized in the State of Nebraska? We have adopted the plan of treatment by medical measures, social and protective measures, education and recreation.

Gonorrhœa is caused by a specific germ called the gonococcus; it is always present in gonorrhœa. It should be examined by one who has had training in the recognition of the gonococcus. The same thing is true in regard to the cause of syphilis. It is always known by the presence of the chancre. It is typical but in many cases it is overlooked. Every sore of long standing should be examined carefully

[1] Read at the annual meeting, Nebraska State Nurses' Association, Lincoln, October 11 and 12, 1921.

for the presence or absence of the syphilitic germ. This applies to every sore of long standing irrespective of the location on the body, because syphilis affects every structure of the body. The same is true of no other disease. A nurse can be of great value to the public in helping to impart this information. The fact that these conditions have been overlooked in the past has been a big factor in the spreading of syphilis. We cannot be too careful to exclude syphilis in any chronic condition. In the secondary stage syphilis is usually manifested by skin eruptions; however, it is well to investigate and consider all skin eruptions because of the possibility of their being syphilitic. This applies to all individuals, rich and poor alike. Here is an example of a situation that comes up almost daily. A mother and grandmother came in to see me about treatment; the husband of the woman had been away from home and had contracted syphilis. When he came home he told his wife of his condition and she would not even kiss him; however, he kissed the baby and that was the means of transmitting syphilis to the whole family. It is said, "Don't emphasize the fact that we have innocent infections." Venereal diseases are usually transmitted through sexual relationship, but there are many innocent individuals. Some very reliable physicians say that about 10 per cent. of the population have syphilis.

In regard to gonorrhoea, it is so prevalent that it is a big factor with women. It is a big factor in the hospitals, where more than 60 per cent. of the abdominal operations are due to gonorrhoea. In a very large proportion of the cases the infections were innocently acquired. In the past many a young man contracted gonorrhœa because he was led to believe that he was not a man unless he had had gonorrhœa; he was told that a dose of gonorrhœa was no worse than a bad cold. It wasn't feared as it should be and as a result he was not adequately treated. Sooner or later he was married and the wife became infected. The same thing applies to syphilis.

Syphilis is the only disease that is transmitted from parent to offspring. This is not true of tuberculosis; that has been definitely demonstrated by experiments on lower animals. When only partially overcome, syphilis may remain latent in the system for many years and then spring up again. We have recurrences all too frequently.

What can the nurse do? Where can she help in these conditions? She can help through education, through social measures and recreation. All nurses should have social service training, which makes them more valuable in all their cases. There is a social service condition to be handled in every family, whether rich or poor. With especial reference to venereal diseases, it is essential that the individual doing the work should have social training. There are so

many different angles to the handling of the problem. You are all aware, no doubt, that venereal diseases have grown through false modesty and ignorance. Ignorance is no longer an excuse; literature is available now for everyone.

The nurse, like the physician, should be a teacher; it is her duty to teach; a distinct duty that is thrust upon her when she enters that profession. It is her duty to be well informed regarding venereal diseases. Many times she can get next to a family, obtain data, call the aid of a physician, and get the source of infection where a man would fall down repeatedly. But unless she has had training she will not be successful. The nurse to be most successful in venereal disease work has to develop certain qualities; she must be aggressive, she must possess initiative, and she must be well informed. In addition, she must possess tact, and most certainly, sympathy. Many conditions would wring the heart-strings of even a hard-hearted individual. Here is an instance that occurred just recently. A nine-year-old boy infected with gonorrhoea received it from his fourteen-year-old sister, and she from her sixteen-year-old uncle. A nurse worked this problem out; the condition has been corrected and the children placed in state institutions. These conditions exist. What will the nurse do if she has knowledge of them? The best thing she can do is to go to a physician or the local health officer for a complete investigation, as a protection to outsiders. And these investigations should preferably be carried on without publicity. More good comes from this manner of handling these cases. At times publicity is unavoidable; sometimes it is permissible to tell a white lie. It is a moral question in a sense.

Now a word about the Wasserman test. A physician had a chancre on his hand; he did not know where he could have gotten it. After going over the case carefully, he remembered that while treating a case of syphilis with mercury injections, his attention was called away, and he jabbed himself with the needle. It is possible to get syphilis in this manner. This man had a 4-plus Wasserman. This practically always means syphilis. A 1-plus or a 2-plus means a further investigation always. All Wasserman reactions should be verified because there is clinical evidence there. Go over the case again and verify it; it may be necessary to make a spinal fluid test.

The treatment of syphilis is certain; if you get the primary cause there is practically no question in regard to the cure. You can clear the condition up with one or two injections. There is nothing that responds so quickly. The need of continued treatment is very necessary and the nurse can help wonderfully in showing this condition to the others in the family. A primary case should be treated

for one year and be under observance for several years thereafter. A secondary case should be under treatment for four or five years. Those can almost invariably be cleared up showing no reaction, but the continued treatment is most essential. No one can tell how long it will take to clear up gonorrhoea. Occasionally we find the kidneys involved.

Locomotor ataxia is due to syphilis and syphilis alone. High mortality in our infants and the large percentage of miscarriages are due to syphilis. We lost 30,000 soldiers during the war; during the same period of time there were 156,000 deaths from tuberculosis, 130,000 deaths from cancer, and 243,000 deaths from syphilis. It is our greatest killing disease.

In the past there has been a great deal of carelessness and ignorance in the treatment of venereal disease. That has been changed and it is now on a higher plane. Quacks have been eliminated; they have not the hold that they had in the past, largely because of education. We need to talk about these matters openly and frankly in order to make real progress. Whenever the opportunity presents itself, the nurse should teach the duty of the parents to instruct their children. If the parent does not instruct the child he will get it from the gutter in a nasty way. Do not tell the children that the stork brought the baby, especially in the rural communities where the children are associated with animals. When the child asks questions give him an answer and tell him you will explain further when he is older.

"CARRY ON"

By Bertha Estelle Merrill, R.N.
Minneapolis, Minnesota

IT is true a nurse may do efficient work for years without affiliating with the various nursing organizations. It is also true that she could make a better record for a longer period if she marched shoulder to shoulder with that band of earnest workers who are aiming to reach and maintain a standard of excellence worthy of their calling.

Probably in clubs and organizations everywhere the members could be classed under two groups—leaders and leaners; but because I am best acquainted with organizations related to our profession, it seems as though we have an unnecessarily long list in the "leaner" group. If you wish to know to which class you belong, ask yourself this question: "If every member put into the association the same amount of money, time and talent I do, what kind of an association

would it be?" And I might add, unless you have been closely associated with the work and fully realize how much *some one* has to do, you had better cut the estimate of your work in half.

Three prerequisite elements that must be combined for the making of every organization are: talent—call it brains if you like—energy and money. The quality of talent and time given are more important than the quantity of money. The success of the organization depends upon how evenly these elements are apportioned among its membership. No organization that is democratic in its aims can long survive an oligarchical regime, which means that in order to accomplish the object for which it was originated, the work must not be left to a willing few. Some members are under the impression that if they have given the required amount of money, they have done their share and it is the duty of the association to do the rest. To that member I would say, "You have not paid your dues; unless you have given of your time and energy, you are delinquent."

Nurses are naturally altruistic. The conditions under which they work promote that characteristic. The ability to assume responsibility is another essential of a good nurse. This would go to prove that the indifferent nurse who is so trying to the working members, is the result of not grasping the situation and realizing wherein the responsibility lies, rather than the desire to evade an obligation.

During the years of our training, the rules governing our work, the standards set and the methods followed were all decided for us. Naturally after three years dependency upon a pedagogical government, it takes some time to adjust ourselves to a new form of rule and to appreciate our responsibilities as well as our opportunities. However, the day we graduated the old order changed—along with other things—and we were one of a force of democratic workers who aim to make their own high standards. Whether the profession was elevated or lowered by our work depended upon what our standards were and how much of ourselves we gave to accomplish and uphold them.

"Elevate the profession." How we love to roll that phrase upon our tongues! I am proud we do. It will be a sad day for the profession when its members cease to do so. But we must remember that dues alone can accomplish nothing. As a prominent artist said of his paints, "They must be mixed with brains" to get results. The nurse who is paying monetary dues only is not helping to elevate the profession one iota. She is a "leaner" and is reaping the benefits of some other member's efforts. She usually belongs to that class who do not attend meetings for fear of being asked to serve. During the war we learned another name for that type. Do not merit it.

Another thing we learned during the war was how wonderful were results when every one did his bit. We never before realized the tremendous force of teamwork. If all members would use those qualities augmented by our training—earnestness, altruism, accountability and self-sacrifice—to help uphold the ideals we all long for, the apathy that frequently handicaps us would vanish. Our standards would be apparent even to "him who runs" and taunts of "commercialism" and "closed shop" would never reach us.

Then there are members who attend the meetings quite regularly but seem diffident about taking active part. This seems particularly true in the private duty section. When approached they usually offer one of three excuses. One is, "I am on a case." Being on a case is an excellent excuse sometimes, a good excuse oft-times and a threadbare excuse many times. Do not overwork it. You are not the only busy nurse.

Another member says, "If I could talk as easily and interestingly as Miss Blank I would gladly take active part, but I"—*etc.* You will find, if you observe closely, that it is not always the eloquent Miss Blanks who call forth the most responses and really do the meeting the most good. A few remarks from an earnest but embarrassed speaker will frequently do as much to put the spirit of the meeting on a congenial basis as the well delivered speech of a gifted member.

Then there is that obsolete excuse, "I know so little about parliamentary law," which is not an excuse today, but a reason. You will find that "new occasions teach new duties," and whether your future life be spent in the sick room or the home you will have to know something of club work if you would "keep abreast of truth." Personally, I know of no better place to begin training along that line than in your alumnae association where members are your friends and not inclined to be over-critical.

Many nurses do not appreciate the importance of organized work. A little study of the history of nursing and of the field today would throw clearer light on the situation. It seems to be some one's duty to see that this is done. Perhaps instruction along that line should play a more important part in the curriculum of the last months of training. It may be the duty of our alumnae associations to see that this is done. We say to the graduating class, "We need you in our association," but that is not forceful enough. They are apt to accept it as a polite euphonism. While a student, she thinks of the association in third person plural, "they," "theirs." It is for us to adjust her ideas to first personal singular, "my," "mine." When this is accomplished, they will gladly put a shoulder to the wheel and "carry on."

Have you paid your dues?

ONE IN A THOUSAND

By Josephine Triffett, R.N.
Mountainside Hospital, Montclair, N. J.

A FEW months ago I was called to the hospital for a case under observation. The patient, a man of middle age and in splendid physical health, appeared to be suffering from some acute abdominal trouble. The symptoms seemed to be those of intestinal obstruction.

Enemata and colon irrigations returned practically clear. X-rays of the digestive tract were negative. The blood counts and urine analysis showed nothing, and the temperature, pulse and respiration were normal.

After twenty hours of intense pain and vomiting, when the patient had to have considerable morphine, a laparotomy was ordered, preceded by a cystoscopy under gas. The latter gave us no light and the former helped little. A seven-inch incision was made through the left rectus muscle and considerable handling of the intestines ensued. The whole lower bowel was much distended and the cecum bound down. Adhesions were broken up and a rectal tube passed through the lower bowel, which had collapsed. A large movement followed. Two heavy bands at the hepatic flume were also divided suddenly. The appendix was not found. After washing out the stomach the patient was returned to his room in good condition.

Reaction from the operation was very good, little nausea or gas. Micturition was frequent, but was of almost pure blood, about an ounce at a time, for about twelve hours. A tight cough developed and the blood counts showed a steady increase of leucocytes. The temperature, pulse and respiration steadily rose, and anuria followed. For 48 hours there was no urine in the bladder. Two catheterizations were done, without avail. Pain in the back was intense. Hot packs were given every four hours and fluids were forced. Colon irrigations were given twice a day. The kidneys soon began to function and the patient started to improve.

By this time a specialist had been summoned, rales were heard in the chest, and a sputum specimen showed type one pneumonia; the patient was treated for that also. In two weeks time all seemed to be well when suddenly, after a coughing spell, the pulse flew to 200,—vagotonia of the heart. A specialist who happened to be in the building, by pressure on the vagus and optic nerves, brought the heart to normal in about a half hour.

As if this were not enough, two days later, acute pain in the left lumbar region of the back was diagnosed as pyelitis. Another fight for life ensued, after which no more complications developed and the patient got well.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

Collaborators: Blanche Pfefferkorn, R.N., and Grace Watson, R.N.

IS PSYCHIATRIC TRAINING ESSENTIAL TO THE EQUIPMENT OF A GRADUATE NURSE?

BY ESTHER L. RICHARDS, M.D.

Associate in Psychiatry, Johns Hopkins University

TO answer this question satisfactorily, one must needs be clear in his attitude toward the relation of the medical to the nursing profession, and the relation of psychiatry to the whole field of medicine. The former relationship can be summed up by the statement that the nurse of today works with and not for the physician. With bated breath we have watched her becoming more and more initiated into the theoretical mysteries of disease, half amazed at times that she records temperature and pulse as carefully as before the days when she knew anything about types of fever charts. Gradually the concept of nurse as skilled artisan is giving place to the concept of nurse as professional woman requiring for her best efficiency an intelligent education rather than an apprenticeship. Instead of a year or two of practice in acquiring special technique, we are attempting to map out a training broad, and yet intensive enough to minister to the needs of coöperative service which is being demanded of the nursing profession today.

The relation of psychiatry to general medicine has also been in process of evolution by virtue of its continuance of the mind-body controversy which antedates the formulation of scientific medicine. Prior to the beginnings of objective experimental science, mind and body were not only regarded as distinct entities of the human organism, but their constant antagonism seemed the substance of individual struggle and experience. While the scientific wave of Darwin and Huxley and Tyndal glorified the objective fact, the latter was carefully selected to consider the facts of anatomy and pathology and physiology regardless of their setting in the life activities of the organism as a whole. The result was an attempt to explain mind in terms of brain physiology, and abnormal mind in terms of brain pathology. Psychiatry thus became the last branch of medicine to slip from the clutches of an all embracing etiology of heredity and fatalism, and prognoses enshrouded in hopelessness and mystery. Did the family hear that the patient had a mental disorder, did the

physician discover that a symptom had no physical basis,—and the gloom of a terrible discouragement descended upon the situation.

What then is mind, and how does it work properly, and how does its functioning become upset? The mind that you and I work with is our behavior and utterance—the facts of what we do and say. These data are as concrete and can be observed as accurately as the color of a solution, or the structure of a piece of tissue. The healthy and unhealthy functioning of the mind is measured by the adjustment of the individual to the circumstances of life. As internal medicine concerns itself with the healthy or unhealthy functioning of single organs or group of organs, such as the stomach, the cardio-renal apparatus, etc., so psychiatry concerns itself with the healthy and unhealthy functioning of the personality as a whole, which must have for its understanding a study of the patient in his complete human relations. For example, a boy of thirteen was brought to our Dispensary the other day by his foster-mother with the complaint of lying and petty stealing. His father was alcoholic and shiftless, his mother had died five years ago of cancer. After nine years of life spent in poverty and degradation, he became the inmate of a comfortable home under the guidance of a woman of 60, and her bachelor son of 35. While surrounded by the things which gratify material cravings, he was poor in those things that minister to the spirit of a child. It was constantly kept before his mind that he must watch his step because of heredity. He never had a cent to spend as he wanted to; he did not know the joys of eating unwholesome food, of tearing his clothes or becoming delightfully dirty. School was as dry as the rest of his routine. Naturally he drew upon other sources for satisfaction, using his imagination to supply details of the moment. He cut school to gaze at movie advertisements, telling the teacher that his guardian had pneumonia, and he was hunting a nurse for her. He helped himself to a sled lying in the vestibule of his apartment house, declaring it was his own when confronted with the crime. (The child had apparently owned a sled at some period of his existence, but since it could not be found, his guardian had concluded that no better lesson in thrift could be inculcated than to deny him coasting.) This lad saddled with the accusations of lying and stealing was brought us for an examination of his "mind." To the horrified guardian such conduct as his shook the foundation of her system of education, but not for long. To find her equilibrium she fell back on "mind." Surely this boy must be either feeble-minded or delinquent. Had a physician not measured his head five years ago, and thus read the horoscope of just such conduct as he was displaying? The fact that the patient had an Intelligence Quotient of 100 was as

nothing compared with her belief that he shared with his father "two natures—a good and a bad—Dr. Jekyll and Mr. Hyde." Her idea of "mind" was a psychology of ghosts and dual personality, quite devoid of any attempt at a common sense estimate of individual behavior. And not only does the layman err in his estimates of commonplace behavior because his eyes are too firmly fixed on the term psychology, but his medical brother goes equally astray in recognizing expressions of mind that fall peculiarly within his province. One of the commonest examples of this is the frequency with which our profession is called upon to distinguish between signs and symptoms associated with physical disturbance, and signs and symptoms which masquerade as physical distress, namely, the difference between an organic condition and a neurosis. For example, there is the headache associated with eye strain, sinus trouble, brain tumor, acute infections, and there is the headache which one develops after an irritating day, or in the presence of necessity for action which is distasteful, (an unwelcome invitation to dinner, an intolerable domestic situation, etc.).

A woman of thirty-five was referred for chronic indigestion dating from her marriage seven years previous. She had a childhood and adolescent background of nervous indigestion, for which she had been taken out of school and otherwise sheltered on the advice of physician and family. During her first pregnancy she developed what the obstetrician called neurotic vomiting, and further pregnancies were advised against. Following the birth of this one and only child she became a gastric invalid complaining of gas, nausea, and ease of vomiting. A suspension and repair was performed on the theory that her symptoms were due to some vague reflex action. The family physician exhausted his resources in the way of medicinal therapy and the patient was sent to gastro-intestinal specialists who found nothing of importance in the gastric analyses or fleuroscopic examinations. Various diets were suggested. The patient became afraid to eat. In course of time she lost 40 pounds, and spent most of her time lying around the house. It sometimes took her two hours to eat a simple meal because of having to lie down between attacks of dizziness and gagging. She entered a hospital for rest and general building up, with isolation and special nurses. No startling material of repression came out with psychiatric overhauling. The gastric invalidism, as an unwitting means of adjustment to life for the purpose of sympathy and special consideration, was an activity gradually developed from childhood under the kind but blind supervision of various guiding contacts. Upon no one of these supervising influences, parents, teachers, physicians or friends, can we put the heavy

weight of direct responsibility, but had any one of them been wise enough to recognise facts of mind groping for expression through the cries of body, this patient would have been a happier and more useful member of society than she can ever be made after these years of behavior curvatures. Had a school nurse, for example, discovered the facts of embarrassment and timidity behind the nervous indigestion of the early grades, how much could have been done to change the attitude of family and teachers in the handling of that nervous trick.

And what bearing have the above remarks upon the topic under discussion—Is psychiatric training essential to the equipment of a graduate nurse? The psychiatric training of nurses should include two types of experimental facts; those which have to do with the mastery of technical issues of ward management in the care of the mentally sick, and those which have to do with management of vexing twists of personality found in all fields of general and special nursing. In the common usage of the phrase, mental nursing refers only to the first group of cases. It deals with the topics of constant watching of the patient to see that he gets enough food, that he does not harm himself or others, that he gets sufficient exercise, that he is kept from undue friction and strain, and that he has opportunities to develop returning interests and activities. These technicalities, together with instruction in the gross manifestations of mental disorders from the standpoint of disease entities as outlined in the average text-book on psychiatry, are taught in courses of from three to six months at psychiatric institutions. Such work is given either as a part of a general training curriculum, or as a postgraduate accomplishment. Its recipients are ordinarily supposed to have only the advantage of being qualified to take so-called "mental" cases either institutional or private. By virtue of the strain involved and the frequent length of the illness these cases do not make the same appeal as do other kinds of special nursing. It is but natural, then, that many nurses' training schools like many colleges of medicine should take the attitude that attention to psychiatry is a luxury of professional training which should be elective rather than required. Again the nurse, like the young physician going out into a world of actual suffering and disease, awakens to needs that seemed very remote in the undergraduate period. Almost every week I come in contact with graduates of our Hopkins Training School who tell strangely similar stories. "Two years ago I registered against mental cases in the Phipps Psychiatric Clinic, and I've been doing general specialing ever since. I've had just three cases in all this time that were not definite psychiatric problems." A school nurse from the City Health Department brought in a small charge with the statement: "I thought

I was through with Psychiatry last June when I graduated, but I seem to run up against it everywhere I go."

The trend of these remarks points to a broader and more comprehensive interpretation of the terms psychiatric training and mental nursing—an interpretation which, as we said above, has to do with recognition and understanding management of vexing twists of personality. It deals with something more than the routine of psychiatric nursing procedure. Dependent to a limited extent upon the teaching of books and lectures, it involves primarily the nurse's capacity for understanding human beings and translating that understanding into therapy as constructive as that which the physician offers. Perhaps in no field of the profession does this training in a larger conception of human needs and possibilities reap a better harvest than in the sphere of public health work. With more opportunity to develop initiative in working out individual case problems, and a greater sense of direct personal responsibility for the task in hand, the public health nurse has need to draw upon the sources of her training more than do her colleagues nursing within hospital walls. The facts of mind as expressed in terms of behavior are brought home to her in their setting of poverty, disease and crime. Hers is the privilege of gathering the concrete facts from the stories of family and teacher, neighbors, physicians, employer, and priest. An Instructive Visiting Nurse with a background of psychiatric training was called to care for a child who had been burned. A near-by physician had done a first dressing. The nurse found the father of the child out of work because he could not hold any job. In a recent outburst of temper he had thrown the nine-months-old infant across the room. With a little patience and tact, this man was persuaded to go to a psychiatric clinic where a diagnosis of General Paresis was made. His early committment to a State Hospital probably averted a family tragedy that might have resulted in the death of one or more members.

The public health nurse, also, in her various associations with the child welfare movement is admirably fitted to convey the message of preventive psychiatry if equipped with a training productive of such a point of view. In the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital from September 1, 1920, to April 1, 1921, we admitted 308 new children to our Dispensary service, as compared with 143 admissions over an eight months period in 1918. Of these 308 children, 171 were referred for backwardness in school as evidenced by the repetition of grades (97 of these were actually retarded by mental incapacitation, and 74 were repeating grades for various other reasons that block a child's school progress), 21 children

were referred for choreiform movements, 60 for neurotic traits (temper tantrums, night terrors, enuresis, neurotic vomiting, panic states, etc.), 7 were referred for speech difficulty, 33 for actual psychoses and organic disease of the central nervous system, and 16 for various other complaints. Of these 308 children only 3 per cent were referred by the Public Health nurses from the City of Baltimore, and adjoining counties. The majority of these children were brought to us by social organizations in the city, by teachers, by parents of their own accord and on the recommendation of teachers and physicians. The shocking discrepancy between the small number of children sent us through the Public Health nursing organizations of this city and the large number sent us through the other agencies mentioned above is due to the fact that the school and the social organizations are forced by their respective needs to keep abreast of the times; and one of the most serious problems of the present day is that of the maladjusted child. He is the difficult child in the school, the incorrigible child in the home, drifting from the street gang to the ante-chamber of the Juvenile Court and from there often to institutions of correction. Officially cited as the victim of heredity, he is more frequently the product of his training and environment. As civic bodies we are showing symptoms of interest in the role of mind in all sorts of pathological behavior; as professional bodies we have gone more slowly in recognizing these symptoms. The states of Ohio and New Jersey have conducted, for several years, bureaus of juvenile research which are clearing houses for their delinquent and feeble-minded problems. Moreover in some places there is not even a waiting for the development of grave conduct disorder, but an attempt to get at the child as early as possible in his start in life. There began in New York City on January 1, 1922, the Bureau of Children's Guidance under the direction of Dr. Bernard Glueck. This bureau is privately financed for several years' research study of child problems. It is connected with the New York School of Social Work, and with five New York City public schools, as well as with the Vanderbilt Clinic of that city. At the beginning of this year also New Jersey has launched a mobile mental hygiene clinic for the study of maladjusted children in its rural communities. These efforts are not passing enthusiasms of visionaries. They are the quiet expression of sober-minded men and women who realize that the maladjusted child of today is the psychopathic and often psychotic adult of tomorrow.

And is the child welfare nurse out of touch with these problems? Does she never come in contact with such facts? She is for the most part blind to their existence and her own possibilities of service,

merely because of the limitations of her training; treading the path of tonsils, adenoids, carious teeth, weight curves, tuberculosis and the reporting of contagious diseases, the school nurse is quite oblivious to the story of the nervous child. That such an interest is a legitimate and satisfactory activity within her province is illustrated by the following cases brought us by two school nurses of this city, who have had a systematic psychiatric training.

G. M. was a boy of thirteen, referred to Miss H. because he was doing poor 5th grade work, was indifferent, and trifling and hard to manage. Before she had time to look into his case he ran away from where he was living in town to some people with whom he was slightly acquainted in the suburbs. Behind the conduct was this story: The patient is an illegitimate child who was rescued by a welfare organization, and boarded in a good family. When he was three years of age the mother of this household died, and the patient was placed in an orphan asylum for the next seven years. From there he went to a family where he had all work and no play. At this point the falling off in school was noted. On examination the boy showed normal mentality so far as the Binet Simon Intelligence Test was concerned. His statements were frank, and gave the impression of genuinely good material worthy of the best reconstructive efforts available. The child has remained in the home to which he ran away, and has become a vital part of the family. He is now in the 7th grade, and in June takes examinations for an excellent trade school.

S. R. was a boy of six and a half years, referred to Miss H. for lying and petty stealing. He is one of eight children, distributed in boarding homes throughout the state by reason of the separation of the father and mother in 1916. This child and his mother live in the suburbs on a farm, where the mother is cook. There are no other children on the place, and none near by. In September last, S. R. started the first grade in a school about three-quarters of a mile distant. His teacher gives a history of inattention and naive appropriation of such articles as pencils and oranges. The latter conduct reached a climax when he went home with a bicycle of an older boy, telling his mother that the teacher had given it to him. He rode the bicycle back to school as best he could, handicapped by his size and inexperience, and put it where it belonged. Next day he went off with it again—that time breaking a spoke to get it unlocked. He was dismissed from school, and sent to us for a mental test. According to our standardization he had an Intelligence Quotient of 100. In appearance he was a small, healthy-looking boy, quick witted, but not shy, nor hesitant in his responses. He was deprived of facilities for play, either in the form of children or toys. He had no home

supervision beyond the satisfying of bodily necessities. The first grade is not radiantly attractive when school is three-quarters of a mile away, and one's associates are "some of the best families in the neighborhood." The means which S. R. took to broaden his sources of satisfaction seem poorly organized to us, and yet according to his training in ethics they did not appear bad to him. With a little adjustment in the way of talking matters over with teacher and family, together with a provision of healthy forms of amusement, this child is going on smoothly in school.

In weighing the evidence presented from reliable sources on the topic under discussion there seems to be but one answer. A systematic psychiatric training for nurses is a necessity, not a luxury, of their professional equipment. If the nurse of tomorrow is to be a co-worker of the well trained physician of that date, she must have a preparation thorough enough to enable her to take an intelligent part in the constructive program which they have in common.

SPECIAL COURSE FOR INSTRUCTORS IN SCHOOLS OF NURSING

Stanford University will offer during the regular summer quarter a special five weeks' course for Instructors in Nursing. While the course is arranged primarily for those interested in the teaching of nursing subjects, it is open to all graduates of accredited schools of nursing. A limited number of Senior student nurses will be admitted on recommendation of the Committee. The course will be under the direction of Helen Wood, A.B., R.N.

A. Required Subjects: (1) General Psychology, three lectures per week; (2) Training School Administration, two lectures per week, Anna C. Jammé, R.N., and Maude Landis, A.B., R.N.; (3) Teaching Nursing Principles and Methods; (a) Organization of Nursing Subjects, three lectures per week; (b) Demonstration, two periods of two hours each, Helen Wood, A.B., R.N., assisted by Mary R. Walsh, R.N.

The demonstrations will be given at Palo Alto Hospital, under the management of Stanford University. In addition, trips of inspection will be made to the San Francisco Hospitals and other hospitals of the Bay region.

B. Electives: Four or more hours of elective subjects may be chosen from courses offered by the various departments according to the individual student's preference and preparation.

Calendar: Tuesday, June 20, registration; Wednesday, June 21, instruction begins; Wednesday, July 26, close of course.

Registration: Students enrolling in the Course will be registered as Special Students at Stanford University and will receive a *Certificate* upon satisfactory completion of the Course. Graduates of accredited High Schools or of institutions of equivalent rank may become candidates for the *A.B. degree*, in accordance with the University regulations governing the admission of women (for details, see Stanford Information Bulletin). The Nursing Course credit will count toward the A.B. degree.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, DEPARTMENT EDITOR
Director, Bureau of Nursing, American Red Cross

THE SCHOOLS OF NURSING IN THE OLD WORLD

II. WARSAW

(Continued from page 541)

THE first class in the Warsaw School of Nursing was admitted October 19 ,1921, with a registration of 26 students, (the number was subsequently reduced to 22). For the formal opening of the school it was of course necessary to have the house blessed, following the Polish custom. It was very much of an occasion and all the leading citizens and best families of Warsaw attended, the Cardinal of Warsaw himself officiating.

The students were altogether charming and attracted much attention. Each played to perfection the role of hostess in receiving the visitors. Miss Bridge writes:

The night before we had discussed the part they were to play and suggested that each student wear a distinguishing mark—perhaps an arm band. "Indeed, I won't need any arm band!" exclaimed one pupil ardently. "I shall be so interested and so enthusiastic that the visitors will know I am a student." And this proved to be the case, the visitors picking them out at once. As the students conducted the guests through the house one of the latter was heard to comment on the comfort and attractiveness of the school, ending with "The students surely should be very happy here." "Indeed we are!" was the response. "The only sad thing about it all is that we must leave it after two short years."

One of the physicians was much impressed by the beds in the students' rooms and expressed the thought that the students couldn't have made them themselves. Instantly the student showing him about proceeded to take her bed apart and demonstrate beyond dispute that she could do it quickly and neatly. "It didn't take me two weeks to learn, either!" she finished triumphantly. "I learned in just two days!"

"We have lived through the happiest and most important day of our lives," one of the students announced at dinner that night, "and we wish the American Red Cross Nursing Service to know how much we appreciate the work and thought which has been put into the preparation for our reception and the initiation of the School." When the translation of Miss Noyes' message of greeting was read, together with one from the American nurse whose beneficence had made possible the early establishment of the school they responded by drawing up the following expression of gratitude, addressed to the Director of the American Red Cross Nursing Service at National Headquarters:

"Dear Lady: Moved by a deep sentiment for you who, on the day of the christening of our school sent us such cordial wishes, we all of us wish to express our sincere thanks.

"In very deed we Poles who, not long ago could only pity ourselves for the low level of the nursing work in our country, now see our hopes being realised.

"We, the twenty-four students of the School of Nursing, consider it an honor that we have been accepted in this School and we are happy that we are those to whom the opportunity has been given to help with our work in establishing real nursing in Poland.

"We understand quite well that our good will would, without any doubt, have had no result if the hands of our sisters had not been cordially stretched across the sea toward us. Our sisters who, assiduously occupied with the fate of our nursing, have engendered in our hearts the desire for work by giving us splendid instruction and the suitable conditions for this instruction.

"We are already acquainted with the spirit of the School and with the method of its management and we are sure that in the friendly atmosphere the assigned two years will pass quickly and that we shall leave the School endowed with a great supply of knowledge and qualities of character which are essential for each person who wishes to devote herself to the work of nursing.

"Hoping that before the end of the course you will be able to visit us, we send you once again our thanks for your encouraging words."

One of the happy incidents of the day of the opening was the receipt of a gracefully written message and flowers from the National Organization of Polish Women. This is one of the strongest and most important of the native organizations and augurs well for the success and permanency of the school. The happy auspices under which the School was dedicated have continued, the interest and whole-hearted devotion of the students being a constant source of satisfaction to the nurses who are in charge.

Miss Bridge declares:

The students are so responsive to instruction that within two weeks they were all sleeping with their windows open and they even eat oatmeal for breakfast instead of masses of bread.

Walking home from a Bacteriology class one day a discussion on the conditions obtaining in Polish hospitals was overheard. "With conditions so bad what can we do to change them?" one of the students asked. The other was ready with the solution. "Well," she declared, "we certainly can do something even with the little we have studied. We can at least keep our patients clean and that is more than has been done in our hospitals."

Their courage and ambition set no bounds upon their future accomplishments. Miss Bridge relates how one day when they were studying the development of nursing in America, mention was made of the *American Journal of Nursing*. Immediately suggestions were made as to the publication of a similar mouthpiece for their profession in Poland. They even went so far as to choose the first editor, a very clever young woman who at present makes all the speeches for the group and writes all the official letters. It is not difficult to imagine her as initiating such a literary undertaking.

In the early part of January Helen Scott Hay, Director of the

A. R. C. Nursing Service in Europe, made a tour of inspection through Poland. In the highest terms she speaks of the results already attained at the Warsaw School.

If only you could step into the Nurses' School at Warsaw now and get the total impression as I have done concerning Miss Bridge's accomplishment thus far, and the prospect for the future! The Warsaw School is in every respect a model of its kind, comparing most favorably with any institution in the United States.

In all my experience I have never seen such neatness and order in the pupils' rooms nor greater enthusiasm and interest in the development of their work. • • • I attended a meeting with Miss Bridge of the Hospital Committee. I was amazed beyond words at the understanding and appreciation exhibited by the Polish doctors present. There was a spirit of understanding and fair play that was as promising as anything I have ever seen in any of these foreign countries. Dr. Meszkowski, who has long been ill, presided at this meeting and was forced several times to pause and rest a moment. Sad to say his death occurred only two days later,—a sad loss to the school and to Miss Bridge, for his help has been inestimable.

On February 22, 1922, an agreement was signed between the Chief of the Hospital at Smolna, Dr. Dobrowolski, and Miss Bridge, whereby the nursing, housekeeping and kitchen in the hospital were to be taken over by the Warsaw School on February 27th, 1922.

The task that confronted Miss Bridge was not only overwhelmingly difficult because of conditions occasioned by neglect, due to absence of professional supervision and proper equipment, but was also, because of the size of the hospital, of mammoth proportions. A less optimistic soul would have been disheartened. Writing of this experience, Miss Bridge says:

My balance and courage are restored, however, as I look at the bright, eager faces of the students. I am sure they will be a great comfort and aid in helping us through the extremely difficult period we are facing.

That these expectations were realized is borne out by her report written the day after the students had been introduced to the hospital:

Suffice it to say we discovered many things during our first day's work, but the reaction of the students is not only extremely interesting but also very satisfactory. The Chief of the Hospital and the physicians seem eager to have us come. And I hope we shall be able to demonstrate to them that we are really valuable.

THE DEDICATION OF THE BORDEAUX SCHOOL BUILDING

A SPECIAL invitation has been received by Miss Noyes from M. Henri Cruse, president of the Board of the Hospital connected with the Florence Nightingale School at Bordeaux, requesting her presence at the dedication of the American Nurses' Memorial. Miss Noyes is also asked to extend this invitation to "any one who might be interested in the ceremony and who would be able to come to Bor-

deaux for this purpose." Dr. Anna Hamilton, superintendent of the School of Nursing, has also cabled to Miss Noyes: "Opening school fixed May 12th. Please come. Extend invitation to nurses interested."

The memorial represents the gift of more than $50,000 subscribed by the nurses of America through a joint committee of members of the three National Nursing Organizations and consists of a thoroughly up-to-date and well equipped building in which to house the Florence Nightingale School. President Cruse appreciatively describes this imposing bequest, in his letter of invitation, in the following words: "This beautiful home will help to attract many more girls towards nursing and will be a great comfort to those who are devoting their lives to the care of the sick. The date of the dedication has been set as May 12th in honor of the 102d anniversary of the birth of Florence Nightingale."

Writing in *La Femme*, the organ of the French women's Christian social institutions, a contributor pays the following enthusiastic tribute to the American nurses who participated in the memorial:

> The three great American Nurses' Associations have decided to erect to the memory of their sisters who died in Europe a monument commemorating in a striking and useful way the sacrifice of these 281 of their sisters who died, the victims of bombardment, torpedoing and epidemics, in the World War. They organized a subscription in their countless hospital schools and offered the proceeds, 800,000 francs, to Dr. Anna Hamilton for the construction of the new Florence Nightingale School, which thus makes France the guardian of the monument of their dead as well as the guardian of their principles of nursing. Our American sisters understand that death begets life; that the sacrifice of some may be useful to others. What a teaching to France, on whose soil so very many monuments have been erected which, while they glorify the artists who conceived them, in no way transform the death and sacrifice of our soldiers into fruitful labor and progress! * * * Perhaps in the very near future hospital schools of this kind will multiply in France. French women will understand as those of so many other countries already have done that the principles of Florence Nightingale, excluding all amateurism, all dilettante nurses, requires of the nurse her faculties and entire life, as any other decent profession requires the giving of the whole personality.
>
> The intelligent and generous act of the American women shows us how to go on, how to have faith in the future of France, how to use one's heart and mind for the good of others, and how in memory of the dead to heal the living who suffer.

SUMMER COURSE AT SEATTLE

The University of Washington, at Seattle, is offering a course in Training School Administration, to be conducted by Annie W. Goodrich, who has for years lectured at Teachers College, New York, on this subject. The course will be given between June 21 and July 26.

FOREIGN DEPARTMENT

LAVINIA L. DOCK, R.N., DEPARTMENT EDITOR

THE INTERNATIONAL COUNCIL OF NURSES

IN the last week of this month, (May) the Executive Committee of the International Council of Nurses will meet in Copenhagen. The Danish Council of Nurses whose head, Mrs. Henny Tscherning, is also the president of the international body, has kindly opened its headquarters and sent out the invitations for the meeting.

It is a purely executive meeting and no general invitations have been sent,—no public sessions will be held. There are applicant members to be admitted, a new secretary to appoint, and other routine matters to attend to.

The American Nurses' Association is sending Helen Scott Hay as its accredited delegate with voting power.

THE NURSES' ASSOCIATION OF CHINA

BY CORA E. SIMPSON, R.N.

THE NURSES' ASSOCIATION OF CHINA held a convention in Hankow, January 11-17, which was voted by all the best conference ever held. It was larger and more representative than any previous one. Thirteen of the eighteen provinces were represented—Canton, Peking, and even far-away Sczetchuan, with one visitor from Manila. There were seventy foreign and eighteen Chinese nurse delegates present, with over a hundred nurses in all. The languages used were Chinese and English. The most beautiful spirit of harmony and contagious enthusiasm marked every session. The weather was far from ideal. Rain began the first day with cold winds which on Friday turned to sleet and ice, and the last days were marked by heavy snowfall and bitter cold weather, but weather could not dampen the happy spirits of those assembled. The hospitality was perfect under the leadership of Miss Hope Bell, and the people of Hankow surpassed all past records for entertainment. Ships and trains were met by people with smiling faces and autos. Delegates were overwhelmed with the joyous welcome they received from the very first until the last good-bye was said.

The Conference opened on Wednesday with a reception, registration, and an address of welcome by Miss Booth of Hankow, responded to by Miss Gage of Changsha. The President, Miss Gregg, was presented with a beautiful basket of flowers. The second day Bishop Root delivered a masterful address on The Ministry of the Nurse,

after which the usual business was taken up. In the afternoon the delegates were taken to Mechang by launch, through the kindness of Mr. Wong Kwong, of the Yangtse Engineering Works. The Hospitals of the American Board Church Mission were visited, after which Mrs. Bliss gave a helpful paper on Occupational Therapy and exhibited some of the work done by patients. A delightful tea was served. The third day, papers on the League of Nursing Education by Miss Ogden of Anking, on the History of the N. A. C. by Miss Hope Bell of Hankow, the Future of the Chinese Men Nurses by Miss Stephenson of Anlu; Nurses' Records by Miss Craig of Peking, and Demonstration Methods on Teaching-Nurses by Miss Wolf of Peking, were read, and discussions followed.

On Saturday Miss Sawyer of Tehchow had a paper on Nursing and Hospital Equipment made or improvised from material purchased on the native street with an exhibit, which was the main feature of the morning session. In the afternoon, the Civil and Military Governors of Hupeh accompanied by the Commissioner of Foreign Affairs, Director General of Mines, Military General, Mayor, and the American Consul, visited the meeting and the Governor spoke of the honor it was to have the Nurses' Association of China meet in his city, and of the great work nurses are doing in the world today. After this the delegates visited the Hospitals of Wushenmava in launches provided by Dr. Z. T. K. Woo of the Hanyang Iron Works. On Sunday Dr. Wilson of the Union Church preached a powerful sermon on "This Might Have Been Sold." In the afternoon a paper by Miss Logan of Tseninfu was read: Evangelistic Work in Hospitals. For Vespers, the Conference attended St. John's Church, where another helpful sermon was given by the Rector. Monday morning was given up to round tables and business, and the afternoon to unfinished business, and the election of officers. Miss Gregg, who had so graciously presided over the Conference, was reelected President; Miss Stephenson, vice-president; Miss Dexter, treasurer; Miss Schleicher, secretary; Miss Dieter, editorial secretary; and the Conference adjourned to meet in Canton in 1924.

One of the outstanding features of the Conference was that six Chinese nurses from Canton were sent by the Governor of that Province with all of their expenses paid. Thursday morning a call came for a nurse to go to Honan to care for a foreigner ill with smallpox. Miss Ford responded and left on the night express. This was the first conference attended by our men nurses, who seemed very much at home, and who took part in the business. The great forward step was the reorganization of the Association, and the creating of the Committee on Nursing Education composed of six members who shall

have charge of all matters pertaining to the Schools of Nursing. There is a Chairman of this Committee and four other members are Chairmen of sub-committees. Miss Gage of Changsha is Chairman of the Committee on Nursing Education; Miss Simpson of Foochow, Chairman of Registration; Miss Inghram of Peking, Chairman of Curriculum; Miss Ogden of Anking, Chairman of Examinations; Miss Stephenson of Anlu, Chairman of Translation, and Miss Sharpe of Shanghai, Publication.

All members of these Committees are selected from the four great sections of China, and must be Superintendents of Schools of Nursing or nurses engaged in the active training of nurses. The Executive Committee is composed of the officers of the N. A. C. and the Chairman of the Committee on Nursing Education. The Schools of Nursing already registered are to have the registration renewed every two years, and for every renewal the N. A. C. shall issue a seal to be attached by the original Registration Committee to show the school is up to date.

A recommendation was incorporated into the by-laws that no School of Nursing registered under the N. A. C. shall issue its diploma until the student has secured the diploma of the N. A. C., the N. A. C. diploma in Normal Midwifery is given to graduate nurses who hold the diploma of the N. A. C. in Nursing, after successfully passing the examination. The course in Operative Midwifery has been added to the Curriculum with a diploma for those nurses who already hold the N. A. C. diploma in Nursing and Normal Midwifery. The Executive Committee will prepare a pin to be given to nurses who hold the N. A. C. diploma. There were several discussions as to whether sectional or national examinations were best for China now,—the burden of papers is becoming so heavy for the Central Committee. It was finally decided to use the national in 1922, the sectional in 1923, and at the Conference in 1924 the final decision is to be taken as to which is better.

All through the Convention members marvelled at the wonderful growth of the N. A. C. Just a few years ago, no nurses—no schools—no association—not even a word for nurse in the language—long distances—isolation—superstition and ignorance—misunderstandings—"work only fit for coolies." Hard work and little encouragement was the diet of early days—scattered group meetings. Then the first real meeting at Kuling in 1912, and the first convention in Shanghai in 1914. The slow growth of schools—examinations—curriculum—the launching of the Journal in 1920—the success of that paper—the growth of power, honored by the President—visited by the Governors until today people realize the nurses are here to stay, and are fast

becoming a power in the Republic and are, as one Governor said: "Teachers of sanitation and guardians of the Public Health."

Perhaps the greatest thing that came out of the Conference was the unanimous decision that the time has come when nurses burdened with other duties can no longer carry the work of the association, and it was voted that we must have a General Secretary who can give all her time to the work. She will care for the correspondence, but primarily her work will be to travel throughout China, visiting the registered schools and isolated stations, presenting the nursing work to schools and conventions, and to all classes of people as an educational work most necessary for China. The work of the nurse is misunderstood by many people, but in this land of China, where for thousands of years education has been looked upon with the greatest reverence, it is most important that stress be placed upon the education of the nurse, so that splendid, educated young women will think it worth while to take it up as a life work. The Mission Boards are asked to set aside the necessary funds for this purpose. Cora E. Simpson, of Foochow, was selected for the work, and her Mission Board was asked to release her so she can give all her time to this important work for two years.

With these splendid forward looking plans, the members expect even greater growth and success for the N. A. C. in the next ten years than has been possible the last ten.

CHINOSOL IN ERYSIPELAS

Readers who were interested in the Erysipelas case described in the April *Journal* might also be interested in an article in the February *Annals of Surgery* on "The Treatment of Erysipelas with Chinosol and Sodium Chloride. The author, Dr. William C. Lusk, describes the results secured by treatment with Chinosol both in tincture form and in ointment. A point of particular interest to nurses, whose duty it commonly is to make such applications as are ordered, is contained in the following paragraph: "A principle in the treatment of erysipelas by topical applications can be laid down, that the area of skin treated should include a wide margin of the normal appearing skin adjoining the line of demarcation, in order to try and destroy the bacteria which particularly are connected in the spread of the disease. In this work the boundary of the area to be treated was established by a line 3 or 4 inches beyond the line of advance of the errythema."

DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR
National Organization for Public Health Nursing

AN HISTORICAL SKETCH OF PUBLIC HEALTH NURSING[1]

BY ELLA PHILLIPS CRANDALL, R.N.

I ASSUME most nurses are fairly familiar with the outlines of Public Health Nursing history, especially in Great Britain and her colonies, and in America. In America particularly it was limited in the early days to care of the sick in their homes, in spite of Florence Nightingale's definition of district nurses as "health missioners." Also it developed entirely in local and individual units, separated from and almost entirely unconscious of each other.

Not until 1912 did these local associations come into national consciousness through the establishment of the National Organization for Public Health Nursing. This association was created on recommendation of a joint committee of the two older associations, although at the suggestion of a few leading public health nurses. Its outstanding and most distinctive feature was the fact that it was composed of both nurses and non-professional members, because of the clearly recognized necessity for standardizing the administrative and financial aspects of the work as well as that of the technical service.

The most important influences which led to the establishment of the National Organization were as follows:

(a) The opening of a division of Public Health Nursing at Teachers College; (b) The Metropolitan Life Insurance service, which brought with it necessity for organization to secure common standards, records, methods, etc.; (c) The rapid development of specialised services and the consequent need of mutual understanding, coördination and special training.

Gradually there emerged a pretty definite acceptance of the term "Public Health Nurse"

(a) As a *name;* (b) *As a factor,* in developing 1, prviate programmes of experimental work, such as tuberculosis and child hygiene; 2, programmes directed by governmental agencies; (c) as having *specific functions,* namely: 1, follow-up agent, 2, interpreter, 3, scouting agent.

However, collective self-consciousness among Public Health Nurses still lagged, and the first recognition came from others rather than themselves that they were becoming an American institution. This has been most flatteringly and perhaps most authoritatively voiced by Dr. William Welch, who has said publicly that America's two great

[1] Paper read before the New York State Nurses' Association, October, 1921.

contributions to the public health and sanitation of the world are the Panama Canal and the public health nurse. Because of this failure to realize the meaning of events, public health nurses worked for several years longer, pretty much detached from and unfamiliar with the larger aspects of the steadily developing public health programme which (though growing in sharply orientated and independent sectors) was inevitably moving toward a great coördinated national plan. There is no room here for criticism of those pioneers. An unforeseen call for help in strange fields of service had been courageously answered. Almost universally these forerunners of a great new army of workers were not only struggling, day by day, with immediate human needs, but they were trying to solve big problems involving new technique, records, clinical and social knowledge; and new associations and obligations. Finally, it may be said, that public health nurses found themselves through their own accumulating and shared experience. While this came about under pressure of many influences, local, state, and national; administrative, educational, and legislative; it is fair to say that they found their chief medium both of self-expression and influence, in their national association.

This organization was from the beginning a corporate member of the American Nurses' Association (on identical terms with the National League of Nursing Education) until the reorganization of the American Nurses' Association two years ago at which time this relationship was necessarily discontinued by the American Nurses' Association.

However, almost immediately, joint national headquarters were created to take the place of the older bond of comradeship. While this new organization (potentially much stronger than the old) has had to struggle against many odds during its first year, and has not yet entirely succeeded in establishing satisfactory relations and division of functions among its constituent members, it is not at all too much to claim that through loyalty to a common cause, a programme of mutual helpfulness and of public service will surely emerge in the near future.

Not less true is it that we all are equally dependent upon our all-inclusive and strictly professional body—the American Nurses' Association—for leadership and command in the fields of organization and legislation. No words of mine are needed to register its superb attainments in both. Without these, public health nursing would be immeasurably less capable of blazing its own trails and exerting its own considerable influence in the field of public health.

It becomes necessary to retrace our steps a little to get back to other trails along which the history of public health nursing has been

traveling in the past few years. We left the pioneer nurses struggling in their own localities, pretty much alone, often baffled, but frequently contributing more than they or their co-workers knew, to the particular field of public health in which they were working.

At late as 1915, only one national health association pretended to give any place to the subject of Nursing in its annual programme, but the war years did much to alter this. Some of the more important influences at work during that period were:

A. Public health nursing service in the extra cantonment zones under the direction of the United States Public Health Service; B. Red Cross foreign missions; C. Red Cross peace programme, notably its work of coöperation with and assistance to State Departments of Health; D. Demonstrations of local associations during the epidemics of the value of flexible organizations capable of meeting great emergencies; E. Employment of public health nurses by Federal Boards and Bureaus, such as the U. S. P. H. S., War Risk Insurance Board and Bureau of Vocational Education.

These and many other activities brought about great changes in the status of public health nursing. Now, practically all national health associations give at least one paper, and often whole sections and many round tables, to the subject of public health nursing.

In 1915 there was only one state law providing for a division of public health nursing within the State Department of Health. In 1920 there were ten state divisions of public health nursing, ten divisions combining the work of public health nursing and child hygiene, four state supervising nurses, two state supervising nurses supported by other than government funds, and four others pending.

In 1915 there were perhaps not more than three or four post-graduate schools of public health nursing; now there are probably fifteen, and some instruction is being given in many training schools and in Visiting Nurse Associations. Moreover, the study by Miss Goldmark and the Committee under whose auspices she is working, is nearing completion. This began as an inquiry into preparation for public health nursing; it is being concluded at the end of two years as a study of the entire system of nursing education.

Pretty generally now, nurses are being called to sit in the councils of the leaders, rather than being regarded only as good and necessary followers and assistants. Outstanding examples of this fact are:

A. In 1919, the joint agreement between the American Red Cross, the National Tuberculosis Association and the N. O. P. H. N. While it must be acknowledged that this agreement did not function, for various reasons, it was sound in principle, and attracted much attention and was credited with giving encouragement to those who were working out a much larger programme of coördination among health agencies.

B. In 1920, the National Child Health Council was formed. Instead of it becoming necessary for nurses to seek a place on this Council, three of the

participating associations insisted that there would be no use in organising the Council without the National Organization for Public Health Nursing.

C. In 1920, the National Health Council was organized. In this instance, the N. O. P. H. N. was among the first of the associations to be asked by the organizers to participate in this still more far reaching combination of agencies.

The developments already under way in this last Council are most significant and promise much for the future. For instance, the libraries of the American Social Hygiene Association, the National Tuberculosis Association, the National Mental Hygiene Committee and the N. O. P. H. N. are functioning as a unit under the independent direction of the Common Service Committee. This latter acts as an Executive Committee to the Council. Other members of the Council, including the N. O. P. H. N., have combined in their bookkeeping and shipping. All members are using a common office administration service. These are only a beginning of a big scheme of closer coördination and economy of work, and consequently of greater effectiveness in service not only in the offices, but in the field work of the several participating associations.

Probably in this experience, as in many others during the past ten or fifteen years, nursing, being common to all the others and at the same time more simple and direct and objective, than other activities of these related associations, may, and in all probability will, serve as an experimenter and demonstrator, a pointer to the way of complete organization. But this is possible only because the director of the N. O. P. H. N. sits in the executive sessions of the Common Service Committee, as well as on the National Health Council. This would not be possible if the N. O. P. H. N. were housed separately from the other members of the Council.

In closing, let me point out still one other public service which I believe public health nursing is destined to render in constantly increasing measure (and now, I refer primarily but not solely, to those who give bedside care). The system of hourly nursing, already well established in a few cities, forecasts a larger and more satisfactory and more economical service to the sick public than has yet been provided. When properly correlated with private duty nursing, I believe it is bound to grow rapidly, though not as an enterprise separate from visiting nursing, but as an integral part of it. The conditions under which even well-to-do people live nowadays, the insufficient numbers of private duty nurses, and the cost of their services are all tending to make both the nurses and the public see the practicability and dignity of a scheme of service which sells the nurse's skill rather than her time.

Finally, let me remind you, my friends, that as in this brief

sketch, so throughout the history of public health nursing (though it has run the gamut of health visitor, health teacher, social worker, and even health *inspector*) it has its foundation first, last, and always in nursing.

ITEMS

THE objects of the Association for the Prevention and Relief of Heart Disease, which has its offices at 325 East 57th Street, New York City, are: To gather information upon heart disease, to develop and apply measures which will prevent heart disease, to seek and provide occupations suitable for patients with heart disease, to promote the establishment of special dispensary classes and better hospital care for patients with heart disease, to extend the opportunities for adequate care of cardiac convalescents, to urge the provision of permanent institutional care for such cardiac patients as are hopelessly incapacitated for self support, to encourage the establishment of associations with similar objects in other cities, to maintain a central office and clearing-house. A number of valuable leaflets have been prepared by the Association: Prevention of Heart Disease, Do You Think You Have Heart Disease? Occupations for Cardiacs, and others.

Mother and Child is the official publication of The American Child Hygiene Association, 532 17th Street, N. W., Washington, D. C. Excellent child welfare bibliographies and book notes are printed in each number. Reprints of many of their articles are available, also a number of leaflets giving practical suggestions on phases of child welfare.

The N. O. P. H. N. also publishes a number of reprints on maternal and child welfare.

The Maternity Center Association, 370 Seventh Avenue, New York City, has recently published its "Routines." These have been worked out with great care from the experience and work of the nurses on the staff, and give the clearest picture of procedures to be used in clinics and in prenatal visits and postnatal follow-up work in homes. 15 cents per copy.

Florence Nightingale as a national figure appears in two recent books. A mention of her in Stephen McKenna's keen and interesting "While I Remember," while in Shane Leslie's Life and Labours of Cardinal Manning an entire chapter is devoted to "Florence Nightingale and Others."

TOO LATE FOR CLASSIFICATION

Montana: THE MONTANA STATE BOARD OF EXAMINERS FOR NURSES will hold its annual meeting at the State Capitol, Helena, for the examining and registering of nurses the week of May 29 to June 3, 1922. THE MONTANA STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting at Great Falls, Montana, July 12 and 13.

Announcement: F. M. Hollister, Superintendent of Brockton Hospital, Brockton, Mass., advises all persons interested that "one Johanno Schevenrus claims to be a graduate of the Brockton Hospital Training School for Nurses and has filed such information with several information bureaus. This person has never been a member of the Brockton Hospital Training School and has never been associated in any way with this hospital."

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

PRACTICAL CONSIDERATIONS RELATING TO THE CENTRALIZATION OF THE TEACHING IN SCHOOLS OF NURSING[1]

BY HARRIET M. GILLETT, R.N.

Member of the Staff of Training School Inspectors of New York State, Albany, N. Y.

THE centralization of schools is not a new idea in the field of general education, although it has only recently been advocated as a means of solving some of the teaching problems in our schools of nursing. High schools, and in a larger sense colleges and universities, are really central schools, made up of pupils who in the case of the former may come from a radius of several miles, and in the case of the latter from a much greater distance. Many rural communities have centralized their elementary schools, the pupils being conveyed at the expense of the town. These schools have been in operation so long that we have lost sight of the difficulties which attended their consolidation, for the realization of the many advantages has so overbalanced the anticipated difficulties that there is no longer any question as to their continuance. It is because we see such great benefits to be derived from the centralization of schools of nursing that we urge the adoption of this method wherever possible.

The small school is especially benefited by this plan, for it is very seldom that we find a well qualified nurse instructor in charge of the class work in the small school, first because there are not enough trained instructors to go around, and naturally the nurse who has prepared herself for this type of work chooses to go to the larger school, and again because the small hospital does not feel able to pay the salary demanded by the better qualified nurse.

Without this person, who understands the importance of the proper planning of the curriculum, the class work is apt to be neglected, for the time of the Directress of Nurses is usually so occupied with hospital duties that she cannot see to the supervision of the class room instruction. Neither is there anyone available to give time to the preliminary instruction which is the chief support of the remainder of the course.

When classes are small there is a temptation not to give the subjects in the proper sequence, but to have both intermediates and

[1] Read at the New York State meeting, Utica, October, 1921, being a discussion of the paper presented by Annie W. Goodrich.

seniors go to the same class, or perhaps probationers, juniors, intermediates and seniors. Because of the pursuance of this method we see probationers taking senior subjects and seniors taking the basic sciences.

With the adoption of the central school several hospitals unite in bearing the expense of a capable person to direct the class instruction. The increased number of pupils not only adds to the interest and enthusiasm, but makes it possible to arrange the work so that each class gets the subjects best suited to its needs and the use of one suite of class rooms for several schools does away with the duplication of expensive equipment.

Besides the economic gain which the hospitals experience from the centralization of their teaching, there is a conservation of time on the part of the medical men who lecture to the students. Often one doctor lectures in two or three different schools. He appreciates this arrangement which makes it possible for him to address these different groups together.

As we all believe that schools of nursing should be financed, in part at least, by the state, we might note in passing that one central school, where all the pupil nurses of the community receive their class instruction, will attract the attention of the public and will be much more likely to win a state appropriation than would several small schools administered as they are today.

Those hospitals which are venturesome enough to try the experiment of the centralization of their schools will be closely watched and for this reason it is most important that they plan carefully, because mistakes grave enough to result in failure will tend to discourage hospitals whose more careful planning might have demonstrated to the public the wisdom of the project.

The following pages point out some of the important points to be considered in arranging for a central school.

(1) From the beginning there must be manifest a belief in the success of the undertaking, and an active interest in it by the superintendents and the members of the training school committees of the different schools represented. This belief will help to find a happy solution for any problem that may arise.

(2) In addition to this belief there must be a hearty coöperation on the part of all in any way connected with the school. This includes the graduate staff in each hospital and the pupils. The immediate success of the project depends in a great measure on their attitude toward it and this will be determined largely by the superintendent's attitude toward them. If she is a tactful leader and enjoys the respect

and confidence of her subordinates, they will believe in the school as she does, and give it their generous support.

(3) There must be a committee in whose hands the direction of the school lies. The personnel of this committee will vary with the different types of school. Each uniting school should be represented by the superintendent of nurses, at least. In addition to this committee for the central school it may be necessary for each hospital to maintain its own training school committee.

(4) Perhaps the most important factor in the success of the school is the fitness of the person selected as the educational director. She must be tactful, fair-minded and free from favoritism, a good executive, well versed in the principles of teaching and able to apply them. She should have had some experience in hospital supervision, as this enables her to better understand the problems of those with whom she is to coöperate. It will be necessary to pay this competent, well trained woman of experience a good salary, as it is better for her to live away from the hospitals.

(5) The principals of the schools and other members of the central committee should meet frequently with the educational director to determine the policies of the school and the details of the work. It is important that representatives of each school should be present at each meeting and that minutes of the proceedings be kept, that there may be no doubt later regarding actions taken.

(6) If the school is connected with a university, college, medical or technical school there is no question as to the location of the class rooms. If, however, it is maintained as a separate school, class rooms must be provided and these should be as centrally located as possible. There should be a lecture room, a demonstration room, a dietetics laboratory, and a science laboratory.

If any of the hospitals have class rooms large enough to accommodate this larger group there is no reason why these should not be utilized. While it would be more convenient to have these together in one suite, there would seem to be no great objection to using a lecture room at one hospital and a demonstration room at another. If, however, none of the hospitals have rooms that can be made use of, it becomes necessary to rent some place for the purpose, unless arrangements can be made with the high school or some other school in the town to provide the same. There is sometimes a dietetics laboratory at the Y. W. C. A. or at the Community House which can be rented for a nominal cost and it is often possible to make arrangements to use the high school dietetics laboratory, Saturday mornings. In some places the science laboratory at the high school is available for the use of the student nurses. Those towns which have a county

laboratory furnish another possibility. The pathologist in charge might be willing to coöperate in the movement by teaching the bacteriology and pathology, in which case he will probably wish to use his laboratory for some of the work.

(7) *The equipment* of the lecture and demonstration room is a very simple matter, as the different schools represented can assemble the equipment they already have. This should be evaluated and inventoried, each directress of nurses keeping a copy and one being left with the educational director. The articles which need to be added should then be determined and the hospitals which have contributed the least should supply these until their quota has been reached, when the additional expense should be divided evenly among all. An inventory of all new equipment with its cost should be kept.

The practical demonstration room should be furnished like a small ward with at least five beds and equipment sufficient for five pupils to give the same treatment at once.

(8) Each school should keep its own reference library as at present, but the educational director should have a list of the books in each, that she may know what assignments can be made. For general use at the central school the instructor in New York State can get twenty-five books from the State Traveling Library for $2.00. If an additional twenty-five are ordered at the same time, they may be secured for one dollar extra. Renewal privileges are granted. Information regarding the traveling library may be secured by communicating directly with the Library, at the Education Building, Albany.

(9) The educational director should be responsible for all class instruction. She should see that schedules are made out, after having consulted the principals of the various schools regarding the hours for class instruction. Copies of the schedules should be sent to each school. She should confer with all part-time instructors regarding their specialties, giving them outlines of the work to be covered. She should attend these classes as frequently as possible to see that the pupils are profiting by the instruction.

She should keep class books and send reports to the different schools, giving sufficient data to complete the summary cards.

She should be responsible for the class room equipment and should be present at meetings of the committee.

(10) The principals of the schools should uphold the educational director. They should see that the pupils are relieved from hospital duty in time to get to class at the appointed hour and that the nursing procedures in the hospital conform to the class instruction. This

will in many cases necessitate classes for supervisors where nursing procedures may be demonstrated and discussed.

The principals should see that their pupils are supplied with text-books at the beginning of the term. It is a great handicap to the work to have these delayed for even a short period. They should also arrange a system for the loaning of reference books, that these may be readily available.

Each principal should recruit her own pupils and make sure of their eligibility. She should arrange for the instruction to be given at the affiliating schools.

It is necessary that pupils enter at regular intervals and that the dates of entrance to the consolidating schools be the same.

(11) If the school is a department of one of the higher institutions of learning the type of institution determines the branches which can be taught there. If it is a medical school the majority of the courses can be given by the members of the faculty of the medical school. If it is a technical school subjects like chemistry, nutrition and dietetics can be given by the faculty of the school, but many of the subjects must be taught by the nurse instructors and the doctors of the community. It is advisable that the instructors be paid, whether they be doctors or laymen.

The theory of the practical nursing should be taught by the instructor unless she teaches so many of the sciences that she does not have time for this. If possible she should teach it, or very carefully supervise its teaching, for it is the most important part of the entire curriculum and it demands a more expert teacher than almost any other of the subjects. To be sure, many nurses can demonstrate procedures and teach pupils to be deft in movement and accurate in details, but it is more important as well as more difficult to make them understand why they do things as they do, and why they get or do not get the desired reaction. One must have the basic sciences very well in mind when teaching the theory of nursing in order that connection of theory and practice may be made at every turn.

It would seem a wise arrangement for one of the graduate staff of each hospital to attend these classes in theory and conduct the class room practice of her own group of students. She could then follow their work on the wards and could conduct classes for the ward supervisors.

The practical work in connection with obstetrical, medical, surgical, communicable and children's nursing could also be taught by supervisors of these different departments under the supervision of the educational director.

The hours of instruction vary with the amount of work given.

If only the minimum demanded by New York State be given, twelve hours weekly are called for during the first two months of the preliminary course and thirteen hours weekly during the second two months.

If the course is of three years, there will remain five periods of four months each for class instruction. If during the first one of these, five hours of class work weekly are given, only three hours weekly need be given during the last two years.

If the course be two years and four months, there will be four 4-month periods for instruction after the preliminary course and four hours of class work weekly would need to be given.

This means that with the three-year course the probationers would have two or three hours of class work daily, the juniors one hour daily and the intermediates and seniors only one hour, three days in the week. With the two years and four months' course, the probationers would still have two or three hours of class work daily and all others in the school one hour a day, four days in the week, or two hours twice during the week. This arrangement allows for four months each year when no classes at all are given.

The first year or so of the central school are the most difficult from the administrative standpoint, for in most cases the length of the course, the date of admission and the arrangement of the class work vary greatly in the different consolidating schools. But if the administrators believe there is a solution for all these problems, and if they have patience to persevere till the right solution is found, there is no doubt but that the central school will demonstrate its great improvement over our present unsatisfactory system, we shall all wonder why its universal adoption has been so long delayed.

CORRECTIONS

The article in Foreign Department, March *Journal*, Where a Little Care Saved an Existence, was written by Sarah Peiron, a graduate of the Florence Nightingale School, Bordeaux, and not by Evelyn Walker, as was stated.

We are asked to clear up the ambiguous wording of the editorial in the April *Journal* on Service Pay Legislation. The nurses of the Public Health Service, being Civil Service employees, are not included in the provisions of the McKenzie Bill. They will be among those affected by the Sterling-Lehlbach Bill.

AN INSTITUTE FOR PRINCIPALS AND INSTRUCTORS

The Ohio State League of Nursing Education has arranged for an institute to be held in Cincinnati, June 13-17. Some of the outstanding subjects to be presented by highly qualified speakers are: Organization of the Curriculum in Schools of Nursing; Teaching and Supervision of Tuberculosis Nursing; Teaching and Supervision of Nursing Technique; Demonstrations of Nursing Technique in Communicable Diseases; Teaching of Orthopedic and of Pediatric Nursing; Principles of Teaching and Making of Class Schedules.

STUDENT NURSES' PAGE

(This page will be reserved for the very best of the contributions sent by student nurses.)

CLASS DAY AT THE GENERAL HOSPITAL, ROCHESTER, N. Y., AS OBSERVED BY THE CLASS OF 1924

By Ruby Rogers

ON January eleventh forty young women in forty separate cots opened their eyes about seven o'clock, stretched lazily with the ease and carelessness that comes from an abundance of time devoted to nothing but earthly joyfulness and the satisfaction of one's own whims and pleasures, and finally decided to arise and start the new epoch of their nursing training—for this was Class Day, which ended their probation period of four long, weary, rapid, swirling, exciting months and precipitated them into the new role of full-fledged pupil nurses.

The day was entirely devoted to the class with whatever entertainment they should select provided for them. The first was class exercises held in the Nurses' Home and here were found friends, relatives, officers of the school, head nurses and doctors. The entrance of the largest class in the history of the school was hailed with the keenest enjoyment and evident pride by the entire assemblage.

The programme, provided by the students, displayed a great deal of wit, much sense of humor, a little art, some talent, and a crop of vivid imaginations among the young women who had chosen the nursing career as their vocation.

There were introductory and intermittent speeches by the President, who conducted the affair with the ease and grace of a politician. The class song, a parody on a popular ballad, gave all a chance to liberate some of their effervescent joy and this, followed by the Reminiscences of Probation Days, gave the sense of good feeling which prevailed throughout. The writers of the last mentioned paper expressed much of the general sentiment which the class had gathered in its short life. The fear, evidenced by some upon entering the hospital for the first day, that there would be no chance to escape from behind those high walls without being detected, amused the older members of the school greatly. The unpleasant surprise that some endured upon finding that it was necessary to study to become a nurse, was an expression of what probably the average person believes. And then the description of the first times on the wards with the rapidly disappearing knowledge gained through ardent practice

and study for a few weeks, brought back memories to many others than the present ex-probationers. A few of the humorous mistakes which had occurred were recounted to the merriment of everyone but the victims. The nervousness and excitement of making up the first patient was most evident when one pupil put her can of powder in the hot water to warm and left her alcohol cold and chilling to the senses of the patient. The definition of "eclampsia" as the result of a test was a revision of Gould's dictionary of 40,000 words! According to Gould, "eclampsia" is a convulsive seizure occurring in women during pregnancy, but this person chose to define it as "a heavy pair of scissors with a dull, broad blade used for clamping off rubber tubing or arteries."

The class "will" passed on some advice to the next class by which it could very well profit. The list of "Don'ts" was especially meant to of value to them:

Don't lose your head (no one else wants it).
Don't break thermometers (they cost money).
Don't make loose beds.
Don't say "Hello" to older nurses and doctors.
Don't faint when (by chance) you see a dead person, nor collapse when you see a little money.
Don't trip on your short skirts.
Don't wear big ear buns. Bread dough rises, but don't let them.

This document was signed by the Probationers of '21 (Seniors of '24) per the class Attorneys at Law.

The class prophecy was a revelation to these girls, who for the past week had been so intent upon the present that they had not dared to think of the future.

Two prizes were awarded by the Practical Instructor; one to the pupil with the highest average in ward work, theoretical and practical, and one to another for having actually practiced on duty the greatest number of practical procedures.

A short musical composition was a source of pleasure and the presentation of the class by the Principal of Instruction to the Principal of the School of Nursing was an effective and fitting conclusion.

The new students proudly conducted their friends through the hospital, following the exercises, and then brought their rapidly growing appetites to the dining room for dinner, where the tables were very appropriately decorated with flowers and the class colors.

In the afternoon the students were hostesses at "tea" in the Home with the probationers of the Highland and Homeopathic hospitals as their guests. The tea was largely attended and any of the class will testify that it was most beautifully served and most heartily

enjoyed. At five o'clock the guests departed leaving very tired, but very enthusiastic hostesses.

The Training School issued late permissions to the class and the evening was spent in diverse ways,—theatre parties prevailing.

All hail to Class Day and all encouragement to the probation classes of all hospitals hereafter. May they all enjoy similar great occasions.

HISTORICAL MATERIAL WANTED

Has your school a long and honorable past? Has its service been a real contribution to the care of the sick? Do you know of any pictures illustrative of its changing methods of caring for patients or in educating nurses?

A sub-committee of the National League of Nursing Education is preparing a set of slides showing the Development of Nursing in this country. Pictures are being sought from all sources. It is earnestly desired that the religious orders which have given long and faithful service will put any graphic material they may have in the hands of the committee.

It is hoped that pictures showing the neighborhood nursing of Colonial days may be available as they would add much to the interest of the series, and it is believed that pictures showing Civil War nursing and the care of patients during the yellow fever epidemic can be had. In addition to this pictures showing the housing of nurses from the older times to the present day, nurses' homes and clubs are sought. Pictures of nursing procedures are particularly desired.

The Committee has also been asked to prepare sets on "Nursing in Other Countries" and the "Fields of Nursing," such as Public Health, Red Cross, Army and Navy. The Directors of these services and nurses everywhere are urged to coöperate. There is a very real demand for such slides. When completed the sets will be available for sale or rent at National Headquarters.

Will you help by sending material or information as to sources in any of the indicated fields to Mary M. Roberts, Room 613, 19 West Main Street, Rochester, New York, or to Miss Ada M. Carr, care National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.

VASSAR VOCATIONAL CONFERENCE

At the Vocational Conference held in February it was found that nursing was the nineteenth vocation on a list indicating the order of preference of vocations for college women. It would seem that college women are adverse to spending an additional three years in preparation for professional work,—an excellent argument for the combined college and nursing courses. It is to be noted, also, that nursing was not presented by any speaker, although there were a dozen persons on the programme presenting as many professions and occupations. This could hardly have been due to lack of interest on the part of "Vassar Campers"! Few nurses are more enthusiastic than those who completed the Summer Course and the requirements for graduation. Surely they will not allow themselves to fall into that state of inarticulateness that has long been said to be characteristic of nurses. Let us all be alert to opportunities to present the advantages of the profession we believe in at vocational conferences wherever held.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to insure publication.

NEED OF A KNOWLEDGE OF PARLIAMENTARY LAW

DEAR EDITOR: In these days of numerous organizations, it is necessary for every one to have some knowledge of the proper manner of transacting business. Whether one is called upon, perhaps unexpectedly, to preside, or wishes to take part in the conduct of business by making motions or taking part in the discussion of questions, one is at a great disadvantage if he does not understand the fundamental principles of parliamentary procedure. If pupil nurses in the last year of training could acquire some knowledge about presiding, and the proper motions to make in carrying forward the business of an ordinary assembly, it would be of inestimable value in their work after graduation. The majority of men and women are ignorant of the simple rules of parliamentary law and therefore hesitate to take part in a meeting for fear of making mistakes. When it is too late they realize how simple a motion would perhaps have resulted favorably for all interested. A knowledge of parliamentary law for those who take part in the transaction of business at meetings is as necessary as is a knowledge of the ordinary rules of etiquette in associating with friends, acquaintances or strangers. The rules which are recognized as common parliamentary law and which facilitate the business of every assembly, are not intricate or difficult to understand. It is desirable to have an instructor, if a competent one is available, but any one of average intelligence is capable of acquiring a fair knowledge of parliamentary law if he applies himself with diligence to a good text book. Parliamentary Usage, by Emma A. Fox, the parliamentary authority of the American Nurses' Association and of hundreds of other nurses' organizations, is also used as a text book in many schools and colleges. This book may be understood by the novice and yet it is sufficiently comprehensive to meet the needs of all deliberative assemblies.

Michigan — SARAH E. SLY,
Chairman Committee on Revision, American Nurses' Association.

THE WALTHAM METHOD

DEAR EDITOR: In the February number of the JOURNAL is an article by Meyer Wiener, M.D., The Private Duty Nurse, in which the following statement is made, "I do not know whether any training school ever sends its student nurses into the homes under supervision of an instructor, but it would seem to me to be of inestimable value and help for future use to the young women." The Waltham Training School for Nurses, Waltham, Mass., does this, and has, ever since its establishment in 1885, by Dr. Alfred Worcester. This method is not only of great value to the nurse, but also to future patients in homes, for even if a nurse is specialing in a hospital with only one patient to care for, the surroundings and atmosphere are entirely different from that in the home, and the nurse will meet many conditions in the home which simply *could* not exist in a hospital. The private duty nurse, under supervision, learns how to deal with all sorts of conditions in the home, thus making her fearless to enter private homes when she becomes a graduate. The future patients and families, I might also say maids, benefit as the nurse, by the time she graduates has learned

the valuable lesson of how to adapt herself to all kinds of patients and families. Many a private duty nurse has learned to her sorrow that oft-times the family is more difficult to handle than the patient. I think there are other schools now beside Waltham that send out student nurses under supervision, but I am not sure.

Massachusetts E. L. C.

THE JOURNAL

I.

DEAR EDITOR: The JOURNAL should be in the hands of every nurse in this country, and it is well worth the effort to see that this is done. I began with the first copy issued and now that I have retired from hospital work, I watch for its appearance each month bringing news of all that is going on in the nursing world,—news of my friends, new openings and opportunities for nurses such as were not even dreamed of in the early days,—all that is necessary is preparation to grasp them. My best wishes for the JOURNAL.

Massachusetts EMMA L. STOWE.

II.

DEAR EDITOR: This is just another word of appreciation of our dear old JOURNAL which improves in its stimulation of professional interest and literary value every year. One has only to compare a copy of any issue of 1910 with one of 1922, to convince herself that the magazine faithfully reflects the higher educational demands of the profession as well as the enlarged professional field of usefulness. I think it is a matter of congratulation to the profession rather than of chagrin that such publicity as that of Dr. Mayo in the *Pictorial Review* and the widely syndicated articles of Dr. Brady should be read and discussed by the lay public everywhere. It shows that the highly trained woman is coming into her own when she can call down upon her head such criticisms from the medical profession. It is easily conceivable that a type of physician who graduated two or three decades ago and who has never felt the need of postgraduate work or research, other than his daily practice, should be satisfied with the grammar school graduate or with a nurse of even two years of hospital practice. The well educated nurse makes such a doctor feel uncomfortable and she may be undesirable to work with. If she has been trained to see the necessity for diagnosis by the use of the X-ray, the sphygmomanometer, laboratory analyses and various other modern agents, she feels keenly for the patient who may be under the care of such a physician. However, no such theory can account for Dr. Mayo's viewpoint. When I read Dr. Beard's article in the *Pictorial Review* in reply to Dr. Mayo's, I felt like writing a note of appreciation of his effort to give the nurse a square deal before the public. It was not so very long ago that physicians could practice upon the unsuspecting public with a diploma bought and paid for from some obscure medical school, and a great hue and cry went up when the better medical schools began to see the necessity for better education and longer preparation for their graduates. Now it is willingly conceded that a student of medicine must spend from six to ten years in preparation for dealing with human lives. The time will as surely come when a high school girl will need to spend three years in learning the theory and practice of nursing and even then may have to develop her special field by postgraduate study. So welcome all the bouquets and brickbats, too, for we need both to ensure healthy growth.

Michigan M. S.

III.

DEAR EDITOR: I want to say how pleased I was to have Miss Goodrich's address to the Army School of Nursing. Those of us who know Miss Goodrich, know how deeply she feels with and for the nursing profession, but that address must surely have been an inspiration to the younger women. I wish the pupils in every training school might have it, or that the superintendents would read it to them. In the February JOURNAL I was pleased to see the article on Lip Reading, as it is something nurses should know about. I have studied it and find it a great aid in helping me to see what is being said and also because of its bearing on one's mental attitude. I was always interested in meetings and organization work, but I had to discontinue attending them, as I heard so little. Now, while I do not get everything, I at least know something and can inquire more intelligently; I also find it better to concentrate attention on the speaker rather than allow my thoughts to dwell on my handicap. It makes me feel that, after all, everything is worth while. Lip reading has something the same relationship to deafness as eye glasses have to the impairment of sight.

M. A. P.

Pennsylvania

HOURS OF DUTY

DEAR EDITOR: Nursing hours are surely a problem, but if we all felt as E. E. N. does in the February issue, and advocated nothing more than 12-hour duty, I should extend sympathy to the public, particularly the moderate purse which would be drained of $70 to $84 per week, plus the physician's fee, in case of an illness where nursing is required. True, if all 24-hour cases were such as she mentioned, when less than six hours' undisturbed sleep, and no recreation is endured, one would have to develop an everlasting rather than a temporary stoicism, but we know such conditions are not always prevalent. I believe in self preservation and recreation, but I manage to have a great deal of that when off duty. No private duty nurse can, regardless of constitution, minister the whole time of 365 days per year. I, like a great many other nurses, rather like 24-hour duty, and I have had some very favorable cases. When in a hospital, it is quite safe to leave a patient for the required time, likewise in a private home, there is generally someone who can do minor duties during the nurse's absence of time for rest and recreation. There are many chronic diseases, as we all know, and for this type of case whose duration is uncertain, an extra nurse would be rather a luxury. Acute infectious diseases, desperately ill medical and surgical cases, if cared for at home, and where life is at stake, without the slightest doubt require two nurses, and sometimes even three would not be superfluous. Now, instead of assuming the attitude of E. E. N., though she means well for us, let's say we'll let "circumstances alter cases." Speaking of church, I find in most instances, if an effort is made, unless with a very ill patient, when such service is "love to God through service," one can manage to get to church unless it be at a distance out of question. Generally the patient, on your leaving for church, requests you to say a prayer for him or her. Is this not so?

L. Z.

Pennsylvania

NEED OF PEDIATRIC TRAINING FOR NURSES

DEAR EDITOR: The need for pediatric nurses is becoming a problem to be solved. The medical world has at last been awakened to the fact that our next generation depends upon the proper care and treatment of the present.

Institutions can render no greater service to a community than to prevent diseases and keep babies well; herein lies the solution of infant mortality. The great mass of the public, the educated as well as the uneducated, fail to fully understand the value of health, their responsibility in attaining it and their right to demand it. We rightly and willingly pay heavy taxes and expend vast sums for the education of our children, and yet what is education without health? There are thousands of children every year who fail to develop intellectually because they are physically unfit. We do find some very enlightened health officers, nurses or doctors, who are working to install better methods or procedures, but their efforts are mostly met with the cry, "It costs too much." Notwithstanding this, a great reduction has been made in the infant death rate, and splendid assistance has been given; but the question is, Are the institutions and training schools going to awaken to the fact that infant mortality cannot be kept down if we do not produce a nursing staff efficiently educated for the work? Our large and small institutions of today have the most marvelous surgical, medical and obstetrical departments, efficiently equipped, but go farther on and nearly always we find the children's department drifting along as best it can. The trained nurse on an average knows no more of pediatrics on receiving her diploma than does the intelligent mother who has had the care of her own children, simply because the training schools have not insisted upon affiliations with children's hospitals where the proper training can be obtained. Most all of our large institutions of today have enough pediatrics to get their nurses over an examination of ten questions by the state examiners. Is this sufficient to qualify a trained nurse to care for sick children? The shortage of nurses for infant welfare work is getting to be a serious matter, but as long as the training schools do not demand a higher standard in their pediatric departments we cannot expect to fill the gap. As a general rule we hear nurses expressing themselves as not liking to care for sick children. I think this can be overcome by giving them a course in children's work. They do not like pediatrics simply because they haven't had the proper training in that line. We need faith in our cause, and perfect organization, to win in this fight; and if we have these fundamental qualifications, the world can be made safer for "better babies."

Omaha, Nebraska M. I. H.

JOURNALS DESIRED

MISS S. VIRGINIA THACKER, Lewis-Gale Hospital, Roanoke, Va., wishes a copy of the JOURNAL for June, 1919.

MISS H. A. CHICHESTER, 47 Court Street, White Plains, N. Y., will send to anyone paying postage, the following copies: November, 1905; June, 1906; January through August, 1907.

Mrs. M. J. Cosgrove, 1213 Marquette Drive, Detroit, will sell for 15 cents each: February, July, September through December, 1921; January through March, 1922.

A Rhode Island nurse sends the following "howlers," not original:

1. Q. "What is the function of the gastric juice?"
   A. "Gastric juice is secreted in the stomach. It is very useful for cleaning carpets."
2. Q. "Give some account of the circulation of the blood."
   A. "The blood runs up one leg and down the other."

NURSING NEWS AND ANNOUNCEMENTS

The convention of the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing will be held in Seattle, Wash., June 26-July 1, 1922. *Arrangements.*—Meetings will be held in the Plymouth Congregational Church. Headquarters will be at the Young Women's Christian Association, near by. *Hotels.*—The Committee on Arrangements urges all nurses who plan to attend the convention to make their arrangements through their committee, writing directly to Miss Margaret Rice, Placement Bureau, Room 4, Y. W. C. A., Seattle, Wash. In making application for a room, the following items of information should be given: Name, address, price of room desired, whether the room may be shared with one or two others, time of arrival, route coming and going, probable length of stay, whether any side trips following the convention are desired and the amount that can be spent on these. Those who so desire can make arrangements for side trips with the Waterhouse Tourist Agency, 1616 Second Avenue, Seattle. Almost all the reservations for Alaska for early July are already made. A few may be had in Alaska boats by those applying at once. Those who wish to visit Mt. Rainier after the convention should also make this arrangement early, so that hotel accommodations may be reserved. No one should miss this trip who can possibly take it. The Placement Committee can arrange dormitory accommodations for groups of nurses who wish to keep expenses as low as possible.

For those who wish to make their own arrangements, the following list of hotels is submitted.

Hotel	Without Bath Capacity Rate	With Bath Capacity Rate
Assembly	$3.00	$4.00
Barker	2.50	3.50
Butler	$3.00 and $3.50	5.00
Calhoun	$2.50	4.00
Pryo	$3.00 and $3.50	$4.50 and $5.00
Holland	$2.00	$3.50
Imperial	2.50	3.50
Knickerbocker	$1.50 and $2.00	3.00
Moore		$4.00 and $4.50
Northern	$2.50 and $3.00	$3.50 and $4.00
New Arctic	$2.00	$3.00
New Richmond		5.00
Pennbrook	2.50	3.50
Palace	2.50	3.50
Rainier Grand		3.50
Seattle	$3.00 and $3.50	$4.50, $5.00, $6.00
Savoy	$3.00 and $3.50	$5.00 and $6.00
St. Regis	$2.50 and $3.00	$4.00 and $5.00
Seward	$2.50	$4.00
Washington		7.00
Washington Annex	4.00	$5.00 and $6.00
Willard	3.00	$4.00
Wayne	2.50	3.00
Waldorf	$2.50 and $3.00	$3.50 and $4.00

Transportation.—The Seattle Convention is offering to nurses and lay people all over the country a wonderful opportunity to get together and discuss organization and health problems. It also presents a most attractive opportunity for sightseeing or rest, if so desired. The trip through the Canadian Rockies offers unusual scenery, with a twenty-four hours stop at Banff, which includes an auto trip to the Johnson Canyon; short mountain hikes, a swim in a million dollar pool, and 18-holes on the wonderful golf course. An hour or more further on is Lake Louise, located in an enchanting section in the midst of the Valley of Ten Peaks, where another twenty-four hour stop is planned. Leaving Lake Louise there are more than 600 miles over mountainous country, through Glacier to Vancouver, where passengers are transferred from train to steamer for a daylight sail through the Puget Sound, including an hour or two for an auto ride through the quaint old city of Victoria, arriving at Seattle in time to get ready for the Convention.

Several itineraries have been planned. One of these, starting at Atlanta, Georgia, under the direction of Jane Van de Vrede, will take members through the most interesting section of the Southland, connecting at St. Louis with other delegations and proceeding over an attractive route to Glacier National Park, where a two or three days' stop will be made, and thence to Seattle, returning via California and the Grand Canon of Arizona.

Other routes take travellers, or return them, through the Yellowstone Park, which is the largest and perhaps best known of the National Parks, or through California and the Colorado Rockies, visiting designated points of interest. However remote may be one's location, she will find it reasonably easy to connect with groups of nurses from various points, or with the special trains from their selected sections, and travel in company, either with a privately planned, or organized itinerary.

RATES, NOT INCLUDING WEEK IN SEATTLE

	22-day trip, returning from Seattle via Glacier Park	25-day trip, returning from Seattle via Yellowstone Park	32-day trip, returning from Seattle via California, Yosemite and Colorado Rockies
From New York	$317.91	$342.91	$463.50
" Philadelphia	315.91	340.91	461.50
" Boston	328.50	353.50	473.50
" Buffalo	300.00	325.00	445.00
" Pittsburg	300.00	325.00	445.00
" Chicago	287.00	282.00	402.00
" Cincinnati	281.00	306.00	425.50
" St. Louis	257.00	282.00	402.00
" Baltimore	314.50	339.50	460.50
" Washington	314.50	339.50	460.50
" Cleveland	293.00	318.00	435.50
" Detroit	290.00	315.00	433.50

The Committee finds that the Frank Tourist Company of New York City is also offering an interesting all-expense trip and is therefore endorsing this Company for the nurses of the Eastern and Middle Atlantic States, with the exception of New York State, which is covered by an itinerary planned by the

State Nurses' Association. For further information and rates, address the member of the National Committee nearest you, or the Frank Tourist Company, 489 Fifth Avenue, New York City, or members of the Transportation Committee at the offices of the three National Nursing Organizations, 370 Seventh Avenue, New York City.

New York State Trip.—The Transportation Committee for New York State has completed arrangements for a special train, comprising standard steel Pullman, dining, and baggage cars, to leave New York City at 1 p. m., Monday, June 19, via the New York Central, for Seattle, stopping at Albany, Utica, Syracuse, Rochester, Buffalo, Cleveland, Chicago, and St. Paul. Special cars may be attached to the train at any point for a party of 25 or more persons. Seattle, via the Canadian Rockies, will be reached Monday, June 26, at 7:30 a. m. Return trip will include Portland, San Francisco, Los Angeles, the Yosemite or Yellowstone National parks, to Salt Lake City, Colorado Springs, Denver, Chicago and New York. The cost of the round trip, returning through either park will be: lower berth, $475; upper berth, $455. Rates from up-state points in proportion. A reduction will also be made to those desiring to make their own hotel arrangements in Seattle. Meals in Seattle have not been included. Any member finding it necessary to return by a direct route can make satisfactory arrangements in this connection by applying to the Chairman of Transportation. A deposit of $25 will be required before reservations can be made on train or at hotels. Balance of amount payable May 19. Applications filed in order of receipt. Address all inquiries to Mrs. Julia W. Kline, 546 Rugby Road, Brooklyn, N. Y.

Trip for the Central Division.—After thorough investigation and also in response to requests, this trip has been planned to include a 300-mile ride along the banks of the Mississippi with an opportunity to visit some of the national parks, by way of the Burlington and Great Northern railroads. From St. Paul, the trip is through the lake park region of Minnesota and North Dakota Glacier National Park where a stay of two days will be made, where the travelers may walk in the hot sun through fields of snow, or may fish, tramp, or rest. From Spokane the route is through the wheat country, then across the Cascade Mountains. At Everett, Washington, tide water is reached, from which place the route extends in a southerly direction along the eastern shore of Puget Sound to Seattle. The party will reach Seattle Saturday evening and have Sunday for rest.

Following is the schedule: June 20, leave Chicago, 10:10 a. m., leave St. Paul, 10:45 p. m. June 21, en route through Minnesota and North Dakota. June 22, arrive Glacier Park, 8 a. m. June 23, leave Glacier Park, 8 p. m. June 24, en route through Montana, Idaho and Washington. Arrive Seattle, 8 p. m.

The party will be personally conducted by a representative of the railroads. The train will have observation car, dining car, and drawing room sleepers. The total cost, from Chicago, lower berth, including two-day tour in Glacier Park and meals in dining car en route will be $140. Lower berth and drawing room will have corresponding rates. Applications should be made at once to Minnie H. Ahrens, 308 North Michigan Avenue, Chicago. The return trip may be made (1) by way of Yellowstone Park; (2) Salt Lake City and the Grand Canon; (3) Colorado Springs and Denver; or (4) the Canadian Pacific. Other routes are available returning through California.

An Invitation to Los Angeles: The members of District No. 5, California State Nurses' Association (Los Angeles County) extend a cordial invitation to all Eastern nurses who expect to attend the Convention at Seattle to visit South-

ern California on the way to or from Seattle. The Association plans to establish headquarters for a week after the Convention in a central location where visiting nurses may be met and assisted in planning sight-seeing trips, etc. The place will be announced at Seattle. For the convenience of those who may plan to stop with them, the following list of moderate priced hotels, centrally located, is given: *In Los Angeles:* Gates Hotel, 230 West Sixth Street; Savoy Hotel, 601 West Sixth Street; Stowell Hotel, 416 South Spring Street; Rosslyn Hotel, 453 South Main Street. *In Pasadena:* Kenwood Hotel, 661 East Colorado Street; Crown Hotel, 667 East Colorado Street; Mira Monte Hotel, 70 South Euclid Avenue.

Programme.—An outline of the programme as at present arranged is as follows:

Monday, June 26.—8-11 a. m., Registration for all organizations, delegates and guests. 9-11 a. m., Business meeting of National Organization for Public Health Nursing. 8-9 a. m., Round table on Reorganization, Sarah E. Sly presiding. 11 a. m. to 1 p. m., Business meeting of League of Nursing Education. 8-9 a. m., Advisory Council, American Nurses' Association. 2-4 p. m., Opening session of American Nurses' Association. 2-4 p. m., Meeting of Non-professional Members' Section, N. O. P. H. N. 4:30 p. m., Advisory Council of League. 4:30-6 p. m., Round table, Central Directories and State Headquarters, Margaret Rice presiding. 4:30-6 p. m., Round table, N. O. P. H. N. 5-6 p. m., Meeting of Nurses' Relief Fund Committee, A. N. A. 8 p. m., Formal Joint Opening Session. Invocation, Address of Welcome, responses by the three presidents, address by Annie W. Goodrich.

Tuesday, June 27.—8-11 a. m., Registration. 8-9 a. m., Round table, Reorganization, Sarah E. Sly presiding. 8-9 a. m., Round table, State and Local Committees, Red Cross Nursing Service, Clara D. Noyes presiding. 8-9 a. m., Round table, N. O. P. H. N. 9-11 a. m., Private Duty Section, A. N. A., Frances M. Ott presiding. Papers. 11 a. m.-1 p. m., Business Session of Private Duty Section. 9 a. m.-1 p. m., League Session in charge of the Committee on Education, Isabel M. Stewart presiding. 9 a. m.-1 p. m., Session of N. O. P. H. N. 2-4 p. m., Session of A. N. A., Clara D. Noyes presiding. 4:30 to 6 p. m., Round table of A. N. A., How Shall Hospitals Meet Nursing Obligations? Alice Shepard Gilman. 4:30-6 p. m., Round table of League. 4:30-6 p. m., Round table of N. O. P. H. N. 8:30 p. m., Reception at Sunset Club by Ladies' Board of Children's Orthopedic Hospital.

Wednesday, June 28.—8-9 a. m., Round table, Reorganization, Sarah E. Sly presiding. 8-9 a. m., Round table, Private Duty, Frances M. Ott presiding. 8-9 a. m., Round table, N. O. P. H. N. 8-9 a. m., Round table, League. 9-11, Session of A. N. A., Importance of Faculty Conferences in All Kinds of Organizations, 9-11 a. m., Sessions of League. 9-11 a. m., Sessions of N. O. P. H. N. 2-4 p. m., Joint Session of three organizations under auspices of N. O. P. H. N., Elizabeth G. Fox presiding. 4:30-6 p. m., Round table of A. N. A., Tuberculosis, Mary Marshall presiding. 4:30 to 6 p. m., Round table of League. 4:30 to 6 p. m., Round table of N. O. P. H. N. 8 p. m., Joint Session of three organizations, under auspices of League. Nursing Survey, Josephine Goldmark.

Thursday, June 29.—8-9 a. m., Round table of A. N. A., Legislation, Roberta M. West presiding. 8-9 a. m., Round table of League. 8-9 a. m., Round table of N. O. P. H. N. 9 a. m. to 1 p. m., Mental Hygiene Section, A. N. A., Elnora Thomson presiding. 2-4 p. m., Joint Session of three organizations, under auspices of League. 4:30 to 6 p. m., Round table of A. N. A., Nurses' Relief Fund,

Elizabeth E. Golding presiding. 4:30 to 6 p. m., Round table of League. 4:30-6 p. m., Round table of N. O. P. H. N. 5-6 p. m., Isabel Hampton Robb Memorial Fund Committee.

Friday, June 30.—8-9 a. m., Round table on Reorganization, Sarah E. Sly presiding. 8-9 a. m., Round table, A. N. A., How to Interest Younger Nurses in District and State, Alma O'Keefe presiding. 8-9 a. m., Round table of League, Training School Inspectors. 8-9 a. m., Round table of N. O. P. H. N. 9 a. m.-1 p. m., Legislative Section, A. N. A., Roberta M. West presiding. Reports on Recent Legislation. Is a Standard Minimum Law Practicable? Formal Contracts for Reciprocity between States. 9 a. m.-6 p. m., Special All-day Sessions of N. O. P. H. N. 2-4 p. m., Instructors' Section of League. 4:30-6 p. m., Round table of A. N. A., Mental Hygiene, Elnora Thomson presiding. 8 p. m., Joint Session under auspices of Red Cross Nursing Service, Clara D. Noyes presiding. Superintendents of Army Nurse Corps and Navy Nurse Corps participating.

Saturday, July 1.—8-9 a. m., Advisory Council, A. N. A. 9-11 a. m., Board of Directors, A. N. A., of League, and of N. O. P. H. N. 11 a. m.-1 p. m., Closing Session, A. N. A. 2-4 p. m., Closing Session of N. O. P. H. N. 4:30-6 p. m., Closing Session of League. 5 p. m., Meeting of National Committee on Red Cross Nursing Service.

NOMINATING TICKET

The following ticket of nominations will be submitted to the delegates of the American Nurses' Association:

For President—Adda Eldredge, Madison, Wis.; Mary C. Wheeler, Chicago.

For First Vice-President—Margaret Dunlop, Philadelphia; Elnora E. Thomson, Portland, Ore.

For Second Vice-President—Carolyn E. Gray, Cleveland, O.; Mrs. C. V. Twiss, New York.

For Secretary—Agnes G. Deans, St. Louis, Mo.; Janette F. Peterson, Pasadena, Calif.

For Treasurer—V. Lota Lorimer, Lakewood, O.; Second nomination from the floor.

For Directors, to serve 1922-1926, (three to be chosen)—Clara D. Noyes, Washington, D. C.; Florence M. Johnson, New York; Adelaide M. Walsh, Chicago; Katharine DeWitt, Rochester, N. Y.; Frances M. Ott, Morocco, Ind.; Sarah E. Sly, Birmingham, Mich.

LYDIA E. GREITER,
MRS. LYDIA BERAUX,
ALICE M. CLAUDE,
MARY J. STONE, Chairman,
Nominating Committee.

(At the convention in Atlanta, Mrs. Dorsey T. Gould was nominated as a member of this committee, but as all communications sent to her have remained unanswered, the report is presented without her signature.)

Notice to State Associations: At the biennial convention in Seattle, the Committee on Revision of the American Nurses' Association will hold a limited number of round tables this year. State officers are asked to send their questions and their problems to the Chairman before the first day of June, in order that they may be classified, and also to make the conferences result in the greatest good to the largest number of members desiring information.

Birmingham, Mich. SARAH E. SLY, *Chairman.*

NURSES' RELIEF FUND, REPORT FOR MARCH, 1922

Receipts

Previously acknowledged	$ 9,967.62
Interest on railroad bonds	40.00
Interest on Liberty Loan bonds	85.00
Colorado: Colorado Training School Alum. Assn., Denver	25.00
California: District No. 1, $32; Dist. No. 5, $48; Dist. No. 6, $4.50; Dist. No. 9, $6; Dist. No. 10, $5; Dist. No. 12, $12	107.50
Iowa: German Lutheran Hospital Alum. Assn., Sioux City, $6; one individual, Iowa City, $1; one individual, Council Bluffs, $1	8.00
Illinois: First District, $12; two individuals, Chicago, $40	52.00
Kansas: State Nurses' Association	29.00
Maryland: One individual	5.00
Michigan: District No. 3	12.00
Minnesota: Fourth District, $74; Second District, $31; Fifth District, $2; Asbury Hospital Alum. Assn., individual members, $6; one individual, Minneapolis, $5	118.00
New York: District 1, Lockport City Hospital Alumnae, $15; one individual, $1; one individual, $5; yearly subscription, $24; District 2, Sale of pageant outline, $5; District 4, Auburn City Hospital Alum., $34; District 5, Binghamton State Hospital Alum., $16; individual members of District, $13; District 7, Little Falls Alum., $2; District 8, Saranac Lake Graduate Nurses' Assn., $21; District 13, two individuals, $8; District 14, Kings County Hospital Training School, $25; one individual, $5; St. John's Hospital Alumnae, $10	184.00
New Jersey: Dist. 1, $5; Dist. 2, $25; Dist. 4, $51; Dist. 6, individual members, $7; one individual, Bloomfield, $5	93.00
New Hampshire: Individual nurses, $42; Franklin Hospital Training School Alum. Assn., $8; Mary Hitchcock Hospital Alumnae, $35	85.00
Oklahoma: State Association	20.00
Pennsylvania: Dist. 1, three members, St. Christopher's Alum., $3; Dr. Price's Hospital Alum., $35; Frankford Hospital Alum., $25; twelve members Samaritan Hospital Alum., $12; seven members Orthopedic Hospital Alum., $16; eleven members Pennsylvania Hospital Nervous and Mental Dept., $11; Lankenau Hospital Alum., $25; eight individuals, $8; Dist. 2, $50; Easton Hospital Alum., $35; Dist. 3, Pittston Hospital Alum., $10; City Hospital Alum., Wilkes-Barre, $17; Moses Taylor Hospital Alum., Scranton, $20; Mercy Hospital Alum., Scranton, $15.50; Taylor Hospital Alum., Rindham, $4; Hahnemann Hospital Alum., Scranton, $10; six individuals, $12; Dist. 4, Harrisburg Hospital Alum., $36; 21 individuals, $21; Chambersburg Hospital Alum., $10; Dist. 5, $15; Dist. 6, Pittsburgh, South Side Hospital Alum., $25; Western Pennsylvania Hospital Alum., $25; 81 individuals, $105; St. John's Alum., $10; St. Francis' Alum., $50; Dist. 7, Corry Hospital Alum., $10; State Hospital Alum., Warren, $15; Hamot Hospital Alum., Erie, $35; General Hospital Alum., Warren, $10; Dist. 7 Assn., $25; Dist. 8, $40	701.00
South Dakota: District 2	18.00
Texas: Dist. No. 10, $6; Dist. No. 2, $8	14.00
Wisconsin: Eleven individual members	43.00
	$11,607.12

Disbursements

Paid to 30 applicants	$465.00	
Exchange on checks	.70	465.70
		$11,141.42
Invested funds		49,150.00
Total, April 1st, 1922		$60,291.42

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 East 50th Street, New York, and the checks made payable to the Farmers' Loan and Trust Company. For information, address E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. Louise Twiss, *Treasurer.*

Relief Fund Round Table.—A Relief Fund Round Table will be held during the Convention in Seattle, Miss Golding, the chairman of the Relief Fund Committee, presiding. This will be held in the Y. W. C. A. on June 29, 4:30—6 p. m. All state, district and alumnae Relief Fund chairmen are urged to be present.

NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Notice to Members of the Child Welfare Section.—As it has been impossible to reach each member of the Child Welfare Section of the N. O. P. H. N., we are asking you, through The American Journal of Nursing, to send to Clara R. Price, 105 East 22nd Street, New York City, Chairman of the Nominating Committee, suggestions for the following officers and directors, who are to be elected at the regular business meeting of the Section, in Seattle: Chairman; Vice-Chairman; two Nurse Directors (one for term of 2 years, one for term of 3 years); two Lay Directors (one for term of 2 years, one for term of 3 years).

Winifred Fitzpatrick, *Acting Chairman.*

118 North Main Street, Providence, R. I.

U. S. PUBLIC HEALTH SERVICE NURSE CORPS

Assignments and Transfers for the Month Ending March 31: Edith Stiles, Chief Nurse, New York, No. 38 (Polyclinic), to Chicago, No. 30; Katherine S. Read, Chief Nurse, Washington, No. 32, D. C., to Hudson Street, No. 70, New York City; Bess Thompson, Chief Nurse, Tacoma, No. 59, Washington, to No. 51, Tucson, Arizona; Ida M. Hall, Chief Nurse, Tucson, No. 51, Arizona, to No. 30, Las Animas, Fort Lyon, Colo.; Alice McMullen, Acting Chief Nurse, Sterling Junction, transferred as Acting Chief Nurse, No. 2, Boston, Mass.; Dorothy Dunn, Acting Chief Nurse, Boston, No. 2, Mass., transferred as Acting Chief Nurse, No. 3, Buffalo, N. Y.; Blanche Hameen, Acting Chief Nurse, Buffalo, No. 3, N. Y., transferred as Acting Chief Nurse to Pittsburgh, No. 15, Pa.; Charlotte Macallister, Acting Chief Nurse, Detroit, No. 7, Mich., transferred as Assistant Chief Nurse to Dwight, No. 53, Ill.; Barbara Hunter, Acting Chief Nurse, Colfax, No. 75, Iowa, transferred as Chief Nurse to No. 9, Fort Stanton, New Mexico; Irene Hagarty, Assistant Chief Nurse, New York, No. 38, New York City, transferred as Acting Chief Nurse to Chicago, No. 30 (annex); Flora Schumacher, Acting Chief Nurse, Chicago, No. 30 (Annex), transferred to Acting Chief Nurse, No. 69, Fort Thomas, Ky.; Sara Lee, Chief Nurse, Chicago, No. 30, to No. 59, Tacoma, Wash.; Nelle Roberts, Head Nurse, Otsen, No. 69, promoted to Acting Chief

Nurse and transferred to Atlanta, Ga.; Frances Hawthorne, Assistant Chief Nurse, Fox Hills, No. 61, N. Y., to Acting Chief Nurse and transferred to Sterling Junction, Mass.; Marion Exbernach, Acting Chief Nurse, No. 69, Fort Thomas, Ky., to No. 75, Colfax, Iowa; Mary McSweeny, Assistant Chief Nurse, Bronx, N. Y.; Anna Healy, Assistant Chief Nurse, No. 61, Fox Hills, N. Y., to Pittsburgh, No. 15, Pa.; Ruth J. Riggs, Head Nurse, to Assistant Chief Nurse, Fort Bayard, No. 55, New Mexico; Alpha Hoover, Head Nurse, to Assistant Chief Nurse, Chicago, No. 30; Clara J. Andersen, Head Nurse, to Assistant Chief Nurse, Fort Bayard, No. 55, New Mexico; Marion V. Cook, Head Nurse, to Assistant Chief Nurse, Maywood, No. 76, Illinois.

The Catholic Orphanage in the Bronx, New York City, recently taken over as a Veterans' Bureau Hospital, will be opened April 15, 1922. This Hospital will care for all types of nervous and mental cases. Miss Swann, Assistant Superintendent of Nurses, will be in charge.

LUCY MINNIGERODE,
Superintendent of Nurses, U. S. P. H. S.

ARMY NURSE CORPS

During March, 1922, the following named members of the Army Nurse Corps were ordered transferred to the stations indicated: To Station Hospital, Ft. Banks, Mass., 2nd Lieutenants Evelyn I. Gill and Sarah I. J. Paisley; to William Beaumont General Hospital, Fort Bliss, Tex., 2nd Lt. Mary C. Barker; to Fort Benning, Ga., 2nd Lieutenants Catherine Andersen and Anna Hammond; to Station Hospital, Camp Bragg, N. C., 2nd Lieutenants Ada Moore and Jessica Rockwood; to Station Hospital, Camp Eustis, Va., 1st Lt. Alice M. Tappan, Chief Nurse; to Fitzsimmons General Hospital, Denver, Colo., 2nd Lt. Ottilie Kawalke; to Letterman General Hospital, San Francisco, 1st Lieutenants Julia O. Filkins, Rosanna M. King and Elsie Neff, Chief Nurses, and 2nd Lieutenants Edna A. Ferguson, Alma C. Hanson, Mary E. K. Moller, and Anna L. Slater; to Station Hospital, Camp Lewis, Wash., 2nd Lt. Lena M. Schumacher; to the Philippine Department, 2nd Lieutenants Mary E. Cardwell and Mary E. Ray.

Orders have been issued for the separation from the service of the following named members of the corps: 1st Lieut. Catherine L. Leary, Chief Nurse, and 2nd Lieutenants Audrey Brown, Jane F. Browne, Ella M. Clatterbuck, Mildred M. Dunbar, Yvonne DeCroix, Helen E. Hillberg, Gladys M. Hylan, Sophie Leandowski, Henrietta M. O'Flynn, M. Angela O'Neill, Dorette Otto, Clara E. Petzel, Eva Richards, Mary Rogers, Jean C. Scott, Elizabeth E. Shannon, Nora Spencer, Muriel H. Urquhart, and Jennie B. Wentworth.

The following named 2nd Lieutenants, Army Nurse Corps, have been admitted to the corps and assigned to duty as follows: To Army and Navy General Hospital, Hot Springs, Ark., Opal L. Harbaugh, Clara E. Petzel and Ethel Taylor; to Fitzsimmons General Hospital, Denver, Colo., Agnes Colgan, Yvonne DeCroix, Catherine English, Mabel B. Strum, Barbara L. Vincent; to Letterman General Hospital, San Francisco, Julia M. Fitzgerald and Constance Peddicord; to Station Hospital, Fort Sam Houston, Tex., Alma R. Cross and Nell Morley; to Walter Reed General Hospital, Takoma Park, D. C., Adele M. Stark, Ella J. Brown, Katharine J. Apple, A. Marie Sutton, Fannie E. Crone, Edna O. Masters, Elizabeth Fisher, Hattie Gill, Lucy S. Calhoun, Margaret C. Calhoun, Mayne Getchell, Viola G. Abel, Anne Coghlan, Ruth K. Compton, Eleanor R. Erwin, Vera

L. Rudkin, L. Gertrude Thompson, Lillian M. Smith, Sidney Hood, Nell B. Carrington, and Helena Clearwater.

JULIA C. STIMSON,
Major, Superintendent, Army Nurse Corps, and Dean, Army School of Nursing.

NAVY NURSE CORPS

The following nurses have been appointed and assigned at the Naval Hospital at the station indicated: To Chelsea, Mass., Margaret C. Donovan; Great Lakes, Ill., Mary C. McGinnis, Louise Preusser, Margaret V. Rowan; Mare Island, Calif., Ada Baird, Ethelyn S. Everman; New York, N. Y., Mary H. McNally; Pensacola, Fla., Ina B. Wilson; Portsmouth, N. H., Phelonise A. Tardiff (reappointed); Washington, D. C., Marie Evelyn Gillespie.

The following nurses have been transferred to Chelsea, Mass., Marion F. O'Conner from San Diego, Calif; Lena A. Richardson from Pensacola, Fla.; to Great Lakes, Ill., Caroline B. Driscoll and Agnes E. Nolan from Chelsea, Mass.; Ruby Russell from Mare Island, Calif.; to Mare Island, Calif., Laura L. Holmes (via U. S. S. Argonne) from Guam; to New York, N. Y., Estelle Harding and Julia Higbie (via U. S. S. Chaumont) from Mare Island, Calif; Ellen Samuelson from Great Lakes, Ill.; to New York, N. Y. (special course in physio-electro and hydrotherapy), Anna McAleon from League Island, Pa.; Mary J. Miney from Quantico, Va.; Virginia A. Rau (Chief Nurse) from Chelsea, Mass.; to Aircraft Dispensary, Navy Yard, Philadelphia, Pa., Elizabeth G. Mullen from League Island, Pa.; to San Diego, Calif., Marilla Berry from Pearl Harbor, T. H.; to St. Thomas, V. I., Elsie L. Jarvis and Helen M. Mechlin (via Henderson) from Washington, D. C.; Helen Rein from Portsmouth, Va.; to Washington, D. C., Ethel T. Lawrence from Annapolis, Md.

Honorable Discharge—Helen M. Du Pree, Fort Lyon, Colo.

Resignations—Nellie O. Boothby, Guam; Martha A. Harmon, Great Lakes, Ill.; Gene Merritt, Mare Island, Calif.; Mary L. Moore, Parris Island; Edna M. Sartin, Pensacola, Fla.; Natalie V. Terrill, Fort Lyon, Colo.; Addra Webber, Charleston, S. C.

Inactive Status—Emma L. Colebourn, League Island, Pa.

Discharged from Inactive Status—Alma T. Kessler, Jane C. Thorpe.

LENAH S. HIGBEE,
Superintendent, Navy Nurse Corps.

A Summer Course in Citizenship: Teachers College, New York, offers for the first time a summer course, July 10-August 18, in Americanization and Allied Subjects. For a full description of the course, fees, etc., application should be made to the Secretary of Columbia University, New York.

United States Civil Service Examination for Student Nurse: The United States Civil Service Commission announces an open competitive examination for student nurse for vacancies in the School of Nursing, Hospital No. 56, Fort McHenry, Baltimore, Md., at a salary for the first two years of $30 a month with quarters, subsistence and laundry, and of $50 a month for the remaining one year. Applicants must have had four years of high school; special credit will be allowed candidates who have completed courses in Elementary Hygiene and Home Care of the Sick. Applicants should ask for form 1312 and should send this with a medical certificate to the Fourth Civil Service District, Old Land Office Building, Washington, D. C., before May 9.

The National Tuberculosis Association will hold its annual meeting in Washington, D. C., May 4-6. Headquarters will be the First Congregational Church, 10th and D Streets, N. W.

The Catholic Hospital Association of the United States and Canada will hold its 1922 convention in Washington, D. C., June 20-23, in the Catholic University. For further information, address the secretary-treasurer, 1212 Majestic Building, Milwaukee, Wis.

Alabama: THE NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold an examination for the registration of nurses in Birmingham June 5 and 6; in Mobile June 6 and 7; in Montgomery June 7 and 8. Application blanks may be secured from the secretary-treasurer, Linna H. Denny, 137 N 60th Street, Birmingham. All credentials and applications must be filed with the secretary-treasurer at least fifteen days prior to the date set for the examination. Kodak pictures will not be accepted; a good photograph must be procured to be filed with credentials.

Arizona: THE ARIZONA STATE BOARD OF NURSE EXAMINERS will hold a meeting to examine applicants for registration and to arrange for reciprocity, June 15, at the expiration of the waiver. Gertrude Russell, Secretary, State House, Phoenix.

California: A summer course for Instructors in Schools of Nursing is being offered by Stanford University. A description of the course is given in the Department of Nursing Education.

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold a meeting to register nurses at the State House, Denver, Colorado, on May 16, 17 and 18, 1922. Apply to the Secretary, Louise Perrin, State House, Denver, Colo.

Connecticut: Hartford.—THE SENIOR CLASS OF THE HARTFORD HOSPITAL TRAINING SCHOOL, instead of having the customary spring dance, gave a dinner at the Hotel Bond, and had as their guests the entire staff of the training school and Mary L. Streeter and Delia L. Wiencke as guests of honor. Miss Streeter was a most efficient head nurse in charge of the very busy obstetrical department for five years and on April 1 retired from active nursing. On the day of her departure the visiting obstetricians and pediatricians presented her with a beautiful platinum pin set with sapphires and diamonds in testimony of their appreciation of her excellent work and coöperation. Miss Wiencke resigned from the male medical ward on March 11 to do industrial and public welfare nursing. She had been a head nurse in the Hartford Hospital practically ever since she graduated in 1909, during which time she had become an especial friend of Hartford's needy. Bridgeport.—THE BRIDGEPORT VISITING NURSE ASSOCIATION is again offering a scholarship for postgraduate work in public health nursing. The sum of money granted is $400, which will cover the expenses of tuition at either Teachers College or Simmons. The nurse to whom it is given agrees to return to Bridgeport after graduation and work for a year.

Delaware. THE BOARD OF EXAMINERS will hold an examination for Registration of Nurses at the Delaware Hospital, Wilmington, on Monday, June 5, 1922, beginning at 9 a. m. All applications must be in the hands of the Secretary, Mary A. Moran, 911 Delaware Avenue, not later than May 20, 1922.

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination May 10, Margaret Hutchinson, Secretary-Treasurer, 1337 K Street, N. W., Washington.

Florida: THE STATE BOARD OF NURSES' EXAMINERS will hold examinations on the tenth floor of the Seminole Hotel, Jacksonville, Fla., for Graduate Nurses

on Monday and Tuesday, June 12 and 13, and for Licensed Attendants, Wednesday, June 14, 1922. Work will commence at 9 o'clock a. m. Louisa B. Benham, Secretary.

Idaho: THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting on March 6, and elected the following officers: President, Mrs. Mary Brown-Lewers, Boise City National Bank Building; vice-presidents, Anna Daly, U. S. Public Health Hospital, Boise, and Mrs. Lois Goodfriend, R. F. D. No. 4, Boise; secretary, Cora W. Palmer, St. Luke's Hospital, Boise; treasurer, Roselle E. McClure, 424 S. 13th Street, Boise.

Illinois: Chicago.—THE WASHINGTON BOULEVARD HOSPITAL has appointed as superintendent of nurses, Mrs. Alice Bowen (class 1910, Presbyterian Hospital). Priscilla Spear has resigned as head nurse. MERCY HOSPITAL graduates are reported as follows: Genevieve McMeel has taken the position of County Public Health Nurse at Meade, Kansas. Emma Williams has gone to Watertown, N. Y., to accept a position. The class of 1918 held a reunion at the Mercy Nurses' Club on April 2nd. Twenty-four attended. THE NORTH CHICAGO HOSPITAL held its first "all class day" reunion, March 4, at the Buena Shore Club. The afternoon was devoted to renewing all acquaintances at the hospital, where tea was served and a word of welcome and hospitality was expressed by Dr. Joseph C. Beck, president of the Board of Directors. Plans were discussed for a more active organization. The evening was devoted to a reception and dance, given by the Board of Directors for all graduates, undergraduates and friends of the North Chicago Hospital Training School. THE GRANT HOSPITAL ALUMNAE gave a dance in February for the benefit of the Sick Benefit Fund, $400 being raised. Myrtle Mehring, class of 1917, has a position in the Henry Ford Hospital, Detroit. Mary H. Peters, class of 1914, who has been doing Red Cross work in southern Europe for more than two years, has returned. **Peoria.**—THE SEVENTH DISTRICT held its annual meeting in February, electing the following: President, Mabel Gillen; secretary, Etta Glover; treasurer, Belva Sturm. The newly established central registry is proving successful, 64 nurses having been registered the first month.

Indiana: A conference of Public Health Nurses under the direction of the Public Health Nurse of the State Board of Health, Ina M. Gaskill, and the Supervisor of Nurses, Annabelle Petersen, was held in Fort Wayne, March 25. This is the second of a series of conferences. About thirty-six nurses were in attendance, representing twenty counties. The discussions were entirely informal. The subject of school nursing was given considerable attention. Nurses from different communities told of methods of interesting children in health habits. Julia Groscop of Auburn told how her community had employed the "Jolly Jester" of the Child Health Organization for the first week of the school year, this clown making a visit with the public health nurse to all the schools in her territory. Naomi Blosser, Red Cross Nurse of Goshen, gave an interesting history of the Fresh Air School in her county; this school had been used for children who were mentally retarded; it is now used for anemic and under-weight children. Nurses who are doing special Infant Welfare work or who were having mothers' conferences described the development of that line of work in their communities. Finding Tuberculosis Cases was a topic that came in for its share of the discussion. Plans for summer work and special health activities were made. **Indianapolis.**—THE INDIANAPOLIS CITY HOSPITAL has a new superintendent of nurses, Miss Mulville, graduate of the Massachusetts General. Annette B. Cowles, who recently held that position, is now superintendent of the Chil-

dren's Free Hospital, Louisville, Ky. THE INDIANAPOLIS CITY HOSPITAL NURSES' ALUMNAE ASSOCIATION will hold its first annual banquet in June; graduates wishing to attend should get in touch with the chairman on arrangements, Grace M. Cook, 12 Bungalow Park, at once. June Gray has been appointed a worker for the Marion County Tuberculosis Association. TERRE HAUTE.—THE THIRD DISTRICT ASSOCIATION held its bi-monthly meeting in this city, March 25. The graduate nurses of the city gave a luncheon at the Deming Hotel, after which a business meeting was held in the Hoosier Nook of the hotel. Mary E. Gladwin gave a talk on Nursing Education and Nursing Leaders. It was decided to send a delegate to the Seattle convention.

Iowa: Cedar Rapids.—MERCY HOSPITAL graduates are reported as follows: Winifred Warren, class of 1918, has returned to this country after three years' service abroad with the Red Cross. Cecelia Crofter and Elsie Andreas are at Fort Lyons Hospital, Fort Lyons, Colo. Des Moines.—A RED CROSS PAGEANT was given recently in the Coliseum in which fifty nurses took part. THE SEVENTH DISTRICT ASSOCIATION held a banquet meeting on April 6 at which Miss Auracher of the Continuation School gave a most enthusiastic and instructive talk. IOWA METHODIST HOSPITAL graduates are reported as follows: Gretta Latta is taking a Public Health course at Iowa State University. Ona Jaqlin has accepted a position in the Research Hospital, Kansas City. Martha Hansen is the superintendent of nurses at the Des Moines City Hospital.

Kansas: THE KANSAS STATE NURSES' ASSOCIATION will hold its eleventh annual meeting, May 12 and 13, in Kansas City. Headquarters will be at the Hotel Grund. THE PUBLIC HEALTH SECTION OF THE STATE ASSOCIATION will hold its annual meeting in conjunction with the State Association. May 13 will be Public Health Day, with a luncheon at noon. The subjects to be discussed are: Promotion of Public Health Education, Tuberculosis, Development of Associations to Enlist the Active Interest of Nurses, City and County School Nursing. Wichita.—DISTRICT 6 held a meeting on March 7 with more than 150 members and guests present, the Alumnae Association of St. Francis' Hospital being hostesses at their new Nurses' Home. A discussion for and against the establishment of a Central Registry for Nurses was the principal topic. Dr. R. M. Gouldner spoke, giving the physicians' viewpoint. It was decided to establish a registry and a committee was appointed to undertake the work.

Kentucky: THE KENTUCKY STATE ASSOCIATION OF REGISTERED NURSES will hold its annual meeting in Lexington, June 1-3.

Louisiana: THE LOUISIANA STATE NURSES' ASSOCIATION held its annual convention in the Public Library, New Orleans, on February 23 and 24. Representative nurses from all affiliated districts attended. The first day of the convention was taken up with registration and addresses by Mrs. M. Cenie Alpha on Public Health in the State; Miss C. Lehman, School Work; and Dr. John T. Crebbin, President of the State Board of Examiners, who reported fourteen accredited training schools in the State with 479 students in training, an increase of almost 100 over the past year. He also reported a reciprocal agreement with 32 states. At present, there are 1,782 registered nurses in Louisiana. Prior to the passage of the Suffrage Bill, it was unconstitutional for women to serve on State Boards in the State of Louisiana. This restriction having been removed, the nurses voted that they should apply to the Legislature which meets in May, to have the clause in their Bill changed, so as to entitle nurses to appointment as members on the State Board of Examiners. An advisory board was established to confer with the State Board of Nurse Examiners composed of the executive

officers of the State Association and the superintendents of hospital training schools throughout the state. September 12 was designated as National Relief Fund Donation Day, when nurses of Louisiana will be asked to contribute to the Nurses' Relief Fund. The date was chosen in honor of Mary C. Gillespie's constructive work in the association, September 12 being her birthday. At the night session, Jane Van de Vrede, director of the Gulf Division of the Red Cross Nursing Service, spoke on the growth and development of the nursing profession. Musical selections and refreshments completed the programme. Child Welfare work in New Orleans was discussed on Friday, the second day of the convention, by Mary Pagaud, chief welfare nurse. Papers were read by Geneva Peters, of Shreveport, on the Private Duty Nurse; by Sister Mary Celestina, of the Schumpert Memorial, of Shreveport, on The Training of Nurses; by Helen Melville, on Metabolism; and by Julie Tebo, of New Orleans, on Local Red Cross Work. A paper by Sister M. de Bethanie of the St. Francis Sanitarium of Monroe entitled The Nurse and Her Responsibilities, was read at the afternoon session. Luncheon at the Vieux Carre Restaurant was served convention delegates who later viewed the city from automobiles. A decision to have the Board of Examiners issue a complete nurses' directory, the election of a delegate to the American Nurses' Association in Seattle, and the election of officers for the coming year, were the main business features of the final sessions. The newly elected officers are: President, Sara Babb; vice-presidents, Mrs. Lydia Breaux and Mrs. Clara McDonald; secretary, Celeste Janvier; treasurer, Mrs. C. R. Elliott; councilors, Minnie Mims, Mary Pagaud, and Daisy Rose. Committee chairmen include: Credentials, Charlotte Hill; Legislative, L. Agnes Dasgit; Publication and Press, Barbara Frank; Programme, Alice Achee; Nominating, Mrs. J. E. Haley, who is the retiring president; Relief Fund Committee, Mrs. Lena H. Cross.

Maryland: The Maryland State Nurses' Association held a meeting in Osler Hall, Baltimore, on April 18. Mary M. Roberts spoke on Your Journal.

Massachusetts; Boston.—The Suffolk and Norfolk County Branch of the State Association held a meeting on March 30 at which an address was given by Mrs. Francis Moloney on The Massachusetts Mothers' Aid Law. The State League of Nursing Education met on April 6, at the Massachusetts General Hospital. An address was given on Dietetics in the Nurses' Curriculum by Ellen F. Blood. The New England Industrial Nurses' Association met on March 11. An address on Vocational and Industrial Rehabilitation was given by Herbert Dallas, Department of Education. The Alumnae Association of the Massachusetts Homeopathic Hospital at their March meeting had the Senior class as guests. The entertainment was in charge of the Industrial and Business Nurses' Group. At the April meeting an address was given by Dr. Richard Cabot. The New England Industrial Nurses' Association met on April 8. Dr. Emmons of Boston spoke on The Store Nurse. An interesting discussion followed the lecture. Fall River.—The Nurses' Alumnae Association of the Union Hospital entertained the seventeen probationers of the school at their meeting on April 5. A dinner will be given to the graduating class at Hotel Mellen on May 3.

Michigan: The Michigan State Nurses' Association will hold its annual meeting, May 25 and 26, in Muskegon. A very interesting programme is being prepared and national speakers have been engaged. Elizabeth L. Parker, who has been for a long time executive secretary of the Michigan Tuberculosis Association, has resigned because of ill health. At the annual meeting of the State

League of Nursing Education, held at Kalamazoo, two important subjects were discussed by student nurses. Edythe Stewart, Farrand Training School, Detroit, presented an excellent paper on Y. W. C. A. Clubs in Training Schools; Mary B. Bible, a senior nurse at the University Hospital Training School, Ann Arbor, gave a paper on Student Government. Both papers brought about keen interest and active discussion. One of the recent activities of the State League of Nursing Education is to write a History of Nursing of Michigan Training Schools. Following the policy of the last two years, the State League, through the Committee on Education, has planned a two weeks' institute for instructors and executives in training schools, private duty and public health nurses. The meetings will be held in Ann Arbor the first two weeks of June. The programme may be secured by writing to Alice L. Lake, Educational Director, University Hospital, Ann Arbor. Margaret Bulkley, Red Cross County Nurse in Cheboygan County, during one of the recent snow storms made all of her calls on snowshoes. Mary C. Trafford, County Supervisor of Public Health Nurses in Kalamazoo, has recently attached a most practical addition to her touring car so that ambulance patients may be carried to the hospital without any difficulty. The arrangements were explained by Miss Trafford to a carpenter and have proven to be most satisfactory for handling orthopedic cases. Ann Walton, Public Health Nurse in Crawford County, with the coöperation of the local medical society has organized a series of baby clinics for children of preschool age. Norma Eskil, Public Health Nurse, Sanilac County, is planning a Mothers' and Daughters' Banquet for May. A speaker will be engaged to talk on opportunities in the nursing profession, so that both mothers and daughters may know the possibilities and enjoyment in nursing work. Detroit.—Lola Y. Yerkes, of the State University of Iowa, has come to Michigan as Assistant Professor of Home Economics at the Merrill-Palmer School in Detroit. Ann Arbor.—The University Hospital Training School is giving a mental test for all probationers. Students are graded into sections for class work on that basis. This prevents slow students from holding back a section of brighter and more alert ones. The correlation between mental findings and mental observation is very high. Augusta Newsma, assistant superintendent of nurses, has resigned her position and will leave for an extended trip through the West. Marie Wanveck of Johns Hopkins University has just been appointed to the training school staff of the University of Michigan Hospital Training School. Dorothy Ketchum has recently been secured to take charge of the Social Service Department. Clara Lodwick, who has just completed a nine months' course in Public Health Nursing has recently been appointed State Supervisor of the American Red Cross for Ohio. Edna Crandell, former superintendent of nurses, at the Homeopathic Hospital, University of Michigan, has accepted a position as Superintendent of Nurses of the Long Island Hospital, Boston Harbor, Mass.

Minnesota: Minneapolis.—The Visiting Nurse Association announces the resignation of Eva I. Anderson as superintendent. She is succeeded by Alma Haupt, who has been supervisor of instruction.

Missouri: The Missouri State Board of Nurse Examiners will hold examination for licensing of nurses and attendants on June 15 and 16. Address all communications to the Secretary and Educational Director, Harriet L. P. Friend, 620 Chemical Building, St. Louis, Mo. St. Louis.—The League of Nursing Education, The Public Health Unit and the Third District Missouri State Nurses' Association were joint sponsors for a lecture given on March 13, by Dr. Rachelle Yarros of Chicago to the senior student nurses of the St. Louis

hospitals and the members of the nurse organizations. The subject of Dr. Yarros' lecture was Sex Ethics. At the request of the private duty nurses of the Third District Association a Parliamentary Law Class has been organized. The director of the class is a trained parliamentarian. Springfield.—THE FOURTH DISTRICT ASSOCIATION held its annual meeting in January, electing: President, Stella Duval; vice-president, Ida E. Gutschke; secretary, Ethel Grinzell; treasurer, Elizabeth Finley Smith; directors, Lillian Gott, Christine Engel King. THE BURGE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in January, electing: President, Ida E. Gutschke; vice-president, Elsie Hays; secretary and treasurer, Frona Watts Newman.

Nebraska: THE NEBRASKA STATE BOARD OF NURSE EXAMINERS will hold its next regular examination in Omaha and Lincoln, May 23 and 24. For information and applications, write H. H. Antles, Secretary Department of Public Welfare, Lincoln, Nebr.

New Hampshire: THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE held a quarterly meeting at the Chapel of the State Hospital, Concord, March 8. The speaker of the afternoon was Dr. Mary Farnum, a representative in the Legislature during 1920-21. The annual meeting in June will be held at the Wentworth Hospital, Dover. THE NEW HAMPSHIRE STATE HOSPITAL ALUMNAE ASSOCIATION sends one of its members to each state meeting. Hanover.—Ida F. Shepard, superintendent of the Mary Hitchcock Hospital since 1900, has resigned. She is succeeded by Harriet Horton, a graduate of the school and assistant to Miss Shepard for several years. During Miss Shepard's administration the hospital has made great progress and extensions in many directions, the latest of which is a beautiful new nurses' home. THE WENTWORTH HOSPITAL, Dover, is just finishing a new nurses' home which will be complete in all its arrangements. Funds have been pledged or are being secured for hospital extension in Keene, Claremont, Portsmouth, Laconia, and for the Memorial Hospital of Concord. Paid instructors are being employed for the training schools of the State Hospital, Concord; Nashua Memorial; and Portsmouth hospitals. Others have the matter under consideration. EXETER HOSPITAL has recalled its former superintendent, Henrietta B. Chisholm, for temporary service, Miss Havens having resigned.

New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION held its twentieth annual meeting on Friday morning, April 7, at the Nurses' Residence, Newark City Hospital, Newark. The invocation was given by Rev. Charles L. Ceader; the address of welcome by Dr. Richard N. Connelly; and an address by Hon. Frederick Breidenbach, Mayor of Newark. All district associations were represented and a very interesting business session was held. The following officers were elected: President, Elizabeth J. Higbid; vice-presidents, Annie I. Curry and Catherine Leith; secretary, Marie Louis, Muhlenberg Hospital, Plainfield; treasurer, Jannie Manly; director, Mabel Graham. THE NEW JERSEY STATE LEAGUE OF NURSING EDUCATION held its meeting in the afternoon with the following programme: Greetings by the president, Ida F. Austin; The Ethics of Nursing, Isabel M. Stewart; The Modern Treatment of Mental Disease and Its Relation to Nursing in General Hospitals, Charles I. Lambert, M.D.; Occupational Therapy with Demonstrations, Pauline Gunderson. A banquet was held in the evening at The Washington, at which the three nursing organizations of the state were represented. A most enjoyable evening was spent. THE NEW JERSEY STATE BOARD OF NURSE EXAMINERS will hold an examination for the certificate of registered nurse on Friday, June 16, at 9:30 a. m., in the State

House, Trenton. Applications must be filed with the Secretary-Treasurer at least fifteen days prior to date of examination. For further information apply to 302 McFadden Building, Hackensack, N. J. Elizabeth J. Higbid, Secretary-Treasurer. CHARLOTTE EHRLICHER, after three years of faithful service with the New Jersey State Bureau of Child Hygiene, has given up her position as State Supervisor of Nurses and is taking a much needed rest at her home, Brightwaters, N. Y. A woman of wide and valuable experience, Miss Ehrlicher has been an inspiration to those with whom she has worked and much credit is due her for the rapid growth and excellent results that have been obtained through this Bureau. As a token of appreciation and esteem the nurses and district supervisors presented Miss Ehrlicher with a platinum wrist watch and an electric percolator and grill. About seventy-five nurses attended a luncheon in her honor in Newark, on April 8.

New York: THE NEW YORK STATE BOARD OF NURSE EXAMINERS will hold examinations for license as registered nurses from June 26 to 28, 1922. These examinations will be held in New York, Albany, Syracuse, Buffalo, and Rochester. Applications should be filed with Mr. Herbert Hamilton, Examinations Division, University of the State of New York, Albany, on or before June 16. Applications received after that date cannot be considered. Great interest is being shown in the Pacific Coast Tour, which is being conducted by the New York State Nurses' Association, to the American Nurses' Association convention at Seattle. Former graduates of New York hospitals, living in distant states, are asking to be allowed to join the party. A large delegation is now booked and the prospects are that a delightful trip is assured. Prominent persons who have traveled extensively, pronounce it the best planned and most reasonable itinerary offered for many years. No one who intends to take a vacation and get the inspiration of a National meeting, can afford to miss it. Friends of the nurses who are interested only in the trip can find ample pastime visiting the many places of interest in and around Seattle, during the week the party is attending the convention. While the committee has made ample arrangements for a large number, both at Seattle and along the route, the prompt response to the announcement of the trip gives assurance that there will be no accommodations to spare. Therefore those who are prone to leave things to a late date and who are seriously contemplating taking the trip, should write without delay to the chairman and secure reservations at once. In booking with this trip no one will need to worry about reservations at hotels, transfer of baggage or any of the minor details of traveling, as everything has been arranged in advance and three competent persons will be on the train to look after the party and see that all plans are carried out to the satisfaction of the members. The committee invites a careful consideration and analysis of the trip and all it includes, for the price quoted. Information as to stop-overs or side trips will be gladly sent on request. Address Chairman Transportation for New York State, Julia W. Kline, 546 Rugby Road, Brooklyn, N. Y., or Worldwide Travel Service, 165 Park Avenue, New York City. Buffalo.—THE BUFFALO LEAGUE OF NURSING EDUCATION held a regular meeting in the Auditorium of the Buffalo General Hospital Nurses' Home, on March 14. Mary M. Roberts, of the AMERICAN JOURNAL OF NURSING, gave an inspiring talk on Centralization of Nurse Education. District No. 1 held a regular meeting at the Y. W. C. A., March 15. After a short business meeting, Elizabeth C. Burgess, of the State Board of Nurse Examiners, gave an interesting and instructive talk on Registration. Rochester.—THE GENESEE VALLEY NURSES' ASSOCIATION held a meeting on the evening of March 28 at Iola

Sanitarium. Dr. Lloyd spoke most interestingly on Tuberculosis. Miss Wells and her associates were hostesses at the social hour which followed. THE ROCHESTER GENERAL HOSPITAL ALUMNAE ASSOCIATION is publishing a bulletin called *The Alumnae Messenger*, containing announcements, reports and news items. The association is offering a scholarship of $500 for the coming school year. Auburn.—THE AUBURN CITY HOSPITAL ALUMNAE ASSOCIATION entertained the members of District 4 at a meeting held on April 13. Binghamton.—OFFICERS OF DISTRICT 5, elected at the annual meeting are: President, Ida Beach; vice-presidents, Cora Head and Ida McAfee; secretary, Mrs. Mildred Taylor, 54 Johnson Avenue; treasurer, Helen Webb; directors for two years, Mildred Keeler, Grace Whittemore. Rome.—THE ROME HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in January. The following officers were elected: President, Marie Clairmont; vice-president, Mrs. Harry Ward; secretary, Dorothy Hamilton; treasurer, Hazel Golly. Jane E. Hitchcock, of the Henry Street Settlement, New York, who is making a tour of the state, gave four lectures at the Rome Hospital to the pupil nurses and graduates. Ogdensburg.—DISTRICT 6 held its quarterly meeting at the Hepburne Hospital, April 5. Committees for the year were appointed. Watertown.—ST. JOACHIM'S HOSPITAL held graduating exercises for the class of 1922 on April 21, at the Knights of Columbus Hall. Saranac Lake.—THE GRADUATE NURSES' ASSOCIATION met on April 4 with Madeline Smith at the Reception Hospital. Dr. Malcolm Lent gave an interesting talk on Tuberculosis from a Public Health Standpoint. A social hour followed. Troy.—DISTRICT 9 held its annual meeting at the Samaritan Hospital on April 1. Alice Shepard Gilman, president of the State Association, gave a satisfactory report on the Sterling-Lehlbach bill; she also explained why it was to the advantage of nurses to have the waiver of the Nurse Practice Act in New York extended to 1923. She gave an interesting report of the convention to be held in Seattle, urging the District and each alumnae association to send a delegate, suggesting ways by which the expense can be met. It was decided to hold an informal dance at the Albany Hospital Nurses' Home on May 3, to raise money for sending a delegate from the District Association. Officers elected are: President, Elizabeth French; vice-presidents, Amy M. Hilliard and Mrs. Charles Shreno; secretary, Mrs. Kathryn M. Gilbert, 292 Hamilton Street, Albany; treasurer, Catherine Corcoran. A social hour followed with Miss Hilliard as hostess. New York City.—THE NEW YORK POST GRADUATE NURSES' ALUMNAE celebrated the 25th year of its organization, by a dinner at the Waldorf Hotel, March 2. The graduating class of 1922 were guests, with 32 charter members remaining out of the original 92. The speakers of the evening were: Dr. Sarah J. McNutt, founder of the Babies' Wards; Dr. Chapin, and Miss Goodrich. The contributions to the Relief Fund for the year by the alumnae totaled $745.67,—$75 of this amount was given by a member for the expense of the "Drive" in District No. 13, and for the printing of 10,000 letters of appeal that were sent out. The number of applicants for aid from the Relief Fund is increasing, and each chairman is asked to use every effort to swell the Fund. THE LENOX HILL ALUMNAE report that Lydia Weber has won the scholarship given by the hospital trustees for use at Teachers College, next year. Marie A. Pless has been appointed a teacher at the Pittsburgh School of Lip Reading. THE NEW YORK HOSPITAL ALUMNAE ASSOCIATION entertained the class of 1922 at a meeting held on February 9. Lillian D. Wald gave an address on The House on Henry Street. At the March meeting an address was given by Mrs. Charles Edge on The League of Women Voters. Graduating exercises for the class of 1922 were held on March

8 in the Administration Room of the Hospital. The address was given by John H. Finley, LL.D. Brooklyn.—THE ALUMNAE ASSOCIATION OF THE WYCKOFF HEIGHTS HOSPITAL gave a card party and dance on February 8 in the Hotel St. George for the benefit of the sick fund.

Ohio: THE OHIO STATE BOARD OF NURSE EXAMINERS will hold an examination for State Registration of graduate nurses at Columbus, June 19, 20 and 21, 1922. The examination in practical work will be held at Mt. Carmel Hospital, June 19; written examinations, at Memorial Hall, June 20 and 21. All applications must be filed not later than June 5, 1922. Cleveland.—DISTRICT 4 held a regular meeting at Perry House, March 7, when Carolyn E. Gray gave a very interesting talk on the new University Central School. Mrs. Charles W. Rush, Professor of Psychology at Women's College, discussed Instincts and Habits. At the close of the meeting the nurses passed a unanimous vote to give $1,200 from the treasury as a nucleus for an Endowment for the Central School. THE SECTION ON EDUCATION OF DISTRICT 4 held its regular monthly meeting in St. Barnabas Guild Rooms, March 8. The subject, Minimum Requirements in Curriculum for Schools of Nursing was discussed by Caroline McKee, a member of the State Board of Examiners. The name of the Committee for the Recruiting of Student Nurses in District 4 has been changed to the Committee for the Advancement of Nursing Education. The film, The Call of the Hour, has been purchased and will be used as a part of the programme. The Board of Governors of the Cleveland Nursing Center serve afternoon tea to nurses and their friends the first three Sundays of the month. The St. Barnabas Guild invites nurses and their friends for tea the last Sunday of each month from 4 to 6 p. m. These gatherings are very much enjoyed by everyone and the Center is made particularly attractive with the grate fires burning in the various pleasant rooms. The students of Lakeside Hospital gave a demonstration illustrating the correlation of theory and practice before the Lakeside Alumnae Association. Former graduates seemed very enthusiastic regarding the newer methods adopted and were unanimous in their approval of the ideas advanced. Through the efforts of the Advisory Board of the City Hospital, ten scholarships of $300 each, one for each High School in the city, are available for young women of necessary qualifications. District No. 4 has also offered three loan funds of $300 each and the Guild of St. Barnabas one of $900 for the same purpose. Cincinnati.—AN INSTITUTE FOR ADMINISTRATORS AND INSTRUCTORS will be held beginning about June 13. A letter has been sent by the president of the State League to all hospital superintendents, requesting that as many representatives be sent as is possible. The Institute affords an excellent opportunity to study more modern methods of teaching and a clearer comprehension of the subject matter to be taught. THE LEAGUE OF NURSING EDUCATION held a meeting at Longview Hospital, March 20. After an interesting trip through the institution, an informal talk was given by Dr. Emerson North on the History of the Hospital and the Care of the Nervous and Insane. Papers on the Teaching of Mental Nursing, written by Harriet Bailey, and Outline of Psychiatric Nursing, written by Ella J. Taylor, were read and discussed. The lectures and demonstrations given by the League and the School of Nursing and Health at the Cincinnati General Hospital were continued through April with the following subjects and speakers: March 31, Demonstration,—Technique in Handling Contagious Diseases and Ear and Throat Irrigation, Phoebe M. Kandel, and Edith Northup; April 7, Lecture and Demonstration,—Preparation of Foods for Children, Charlotte Ullrich, Supervisor of Household Arts, Board of Education; April 14, Lecture and Demonstration, The

Conservation of Vision, Estella Lawes, Principal of the School for the Blind; April 21, Lecture and Demonstration, Mouth Hygiene in Relation to Children, Sidney Rauh, D.D.S.; April 28, Lecture, Examination of School Children, (a) General Principles of, (b) Causes of Malnutrition, (c) Health and Habit Classes, Oscar M. Craven, M.D., Board of Health. District 8 held a meeting at the Nurses' Home, Bethesda Hospital, March 27. A very interesting illustrated lecture was given by Dr. J. R. McCleary, on his trip through India, at the close of which a short business meeting was held. It was reported by the Nightingale Foundation Committee that all the alumnae associations in the District are planning to make contributions to the fund. THE ALUMNAE ASSOCIATION OF THE SCHOOL OF NURSING AND HEALTH, Cincinnati General Hospital, held a meeting on March 13 at the Nurses' Home. The delegate to the Seattle meetings was chosen and other business transacted. *The Alumnae Bulletin*, which is edited monthly by the Association and sent out to the members, is greatly enjoyed by all.

Oregon: L. Grace Holmes, of the Oregon Tuberculosis Association, has completed a tuberculosis survey of the Indians on the Klamath Indian Agency. Portland.—A special course on Historical Backgrounds of Industry is being given in the Extension Division of the University of Oregon this spring for the industrial nurses and others interested. THE PORTLAND VISITING NURSE ASSOCIATION has just gotten out a booklet by Helen S. Hartley on the history of the twenty years the Association has been in existence. Klamath County.—LYDIA FRICKE, health nurse for Klamath County, made a trip of 23 miles on skis, recently, during a blizzard, in order to reach a family which was almost destitute of food or clothing. Miss Fricke is a graduate of the Lutheran Hospital, St. Louis, and has been in Oregon for one year.

Pennsylvania: Philadelphia.—THE NURSES' ALUMNAE ASSOCIATION OF THE PENNSYLVANIA HOSPITAL held regular monthly meetings during the past year. The officers for 1922 are: President, Helen Cole Carter; vice-president, Florence Wagner; secretary, Mary C. McNinch; treasurer, Martha Smith. In December, a get-together dinner was held at the Acadia Cafe. Suggestions were made for increasing the sick benefit fund and subscriptions for $330 were given. The proceeds from a rummage sale held in February were $500. A banquet was given at the Acadia in honor of the Senior class. During the past year, thirty members have been added to the association. THE HAHNEMANN HOSPITAL NURSES' ALUMNAE met on March 7 with a large attendance. The report of the treasurer in regard to the various funds was encouraging. A reception and dance will be given to the graduating class. It was decided to establish a scholarship fund in Public Health Nursing in memory of Hahnemann nurses who served in the war. THE ALUMNAE ASSOCIATION OF THE CHILDREN'S HOMEOPATHIC HOSPITAL held a meeting on March 20 at which plans were discussed which it is hoped will be helpful to the hospital. THE ALUMNAE ASSOCIATION OF THE PROTESTANT EPISCOPAL HOSPITAL invites all graduates to a reunion to be held at the hospital, May 16, 17 and 18. A Bureau of Information will be established at the hospital. Communications should be addressed to Laura Evans, Episcopal Hospital, regarding acceptance, reservations, etc. The programme is as follows: Tuesday, 8:15 p. m., Commencement; Wednesday, 1:15 p. m., Valley Forge trip; Thursday, 2 p. m., Tour of hospital, 8 p. m., Banquet. A list of missing graduates is given in the Want Column. Anyone who knows the address of any of these members is urged to report it. It is greatly desired that all former students should plan to attend this reunion. THE NURSES' ALUMNAE ASSOCIATION

OF THE SAMARITAN HOSPITAL has been especially active during the past few months. A great effort has been made to clear off the endowment. The Bazaar held in December was a great success, over $1,100.00 being cleared. During January and February several meetings were called by the Hospital which resulted in an Emergency Auxiliary being formed to raise money for a new building which is badly needed. This Auxiliary consists of the Lady Managers, Children's Auxiliary, Nurses' Alumnae Association and the Staff of the Hospital. All are working hard and several affairs are planned which it is hoped will be very successful. A dance and card party will be held May 9, at the Bellevue. A large carnival, June 22-23-24, on the old Convention Hall lot promises to be a great event. To date over $1,200 has been cleared on the souvenir programme for the dance. This programme contains a picture of the proposed new building, views of the Hospital, and various things of interest, including a photograph of the founder, Dr. Conwell. Many interesting things will take place during the June Carnival, among them the disposing of five Packard automobiles by the Medical Staff, baby show, bands, dancing and some surprises. The alumnae have set aside their own interests and pledged their support to their Alma Mater and are busy working to make these affairs a success; every member will be called upon to contribute and to work. The money being raised by individual subscription among the members in pledges of from $50 to $100 have cleared off all but $700, which they expect to raise very soon. The new superintendent is proving himself a friend to the alumnae and through his efforts they hope to secure a room in the new building, also a rest room and private bath. The meetings are well attended and much interest shown. The Visiting Committee has been active among the sick members, supplying flowers to them. Several new members were secured for the Beneficial Society; $45 was collected for the Nurses' Relief Fund. HELEN FAIRCHILD POST, 412, AMERICAN LEGION, will hold its next meeting on the evening of May 9, at the Methodist Hospital. Plans are under way for Memorial Day ceremonies; members will be notified. Ex-service nurses are cordially invited to attend meetings. New members and those wishing to be transferred to the Post should communicate with the Post Adjutant, Joy Bairstow, Polyclinic Hospital. Chester.—THE ALUMNAE ASSOCIATION OF CROZER HOSPITAL held an informal meeting on April 4 at which Helen F. Greaney gave an interesting and instructive talk. The Superintendent of Crozer Hospital and five members of the Crozer Alumnae Association were in attendance as guests. Miss Greaney emphasized the advisability for all alumnae associations to contribute to the state legislative fund, the Nurses' Relief Fund, and subscribe to the JOURNAL, and in connection with this, explained in detail why,—which was most important. A social hour followed. Lancaster.—The combined Alumnae Associations of the Lancaster General and the St. Joseph's Hospitals held a St. Patrick's dinner in the Hotel Brunswick, March 17. The entire programme of the evening was appropriate to St. Patrick's day and was thoroughly enjoyed by all present. It is the object of the associations to inspire a feeling of good fellowship among the members and some time in the future form a county nursing association. Pittsburgh.—THE SOUTH SIDE HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises for a class of ten, on the evening of March 23, at the South Side Presbyterian Church. The addresses of the evening were made by Rev. P. H. Barker, D.D., pastor of the Point Breeze Presbyterian Church, and Katharine DeWitt, co-editor of the AMERICAN JOURNAL OF NURSING. Rev. R. W. Smiley, pastor of the South Side Presbyterian Church, offered the invocation. Edward E. Mayer, M.D., Chairman of the Training School Committee, presented the

diplomas. A reception followed the exercises, at the nurses' home. THE SIXTH DISTRICT ASSOCIATION held a regular meeting on March 24 in the rooms of the Allegheny County Medical Society. After a short business session, a talk was given by Katharine DeWitt, secretary of the American Nurses Association, who spoke on organizations, the Relief Fund, and the JOURNAL.

South Dakota:—THE SOUTH DAKOTA STATE NURSES' EXAMINING BOARD will hold an examination for registration of nurses at the Capitol Building, Pierre, on June 7 and 8, 1922. Applications must be filed with the Secretary, Mrs. Elizabeth Dryborough, Rapid City, at least two weeks in advance of the examination.

Texas: Galveston.—THE ALUMNAE ASSOCIATION OF THE COLLEGE OF NURSING OF THE UNIVERSITY OF TEXAS, JOHN SEALEY HOSPITAL, has recently reconstructed its constitution and by-laws to conform to the requirements of the State and National and has been granted membership in District No. 6. The Alumnae Association is very anxious to get in touch with all graduates of the school and would like to have the addresses of all nurses who are eligible for membership. Officers for 1922 are: President, Margaretta Perkins; vice-presidents, Theresa Wagner and Mary G. Wood; secretary, Ella E. Andersen; treasurer, Jeffie Draper. A CORRECTION.—The statement published in the April JOURNAL to the effect that the Baptist Sanitarium Alumnae Association of Houston is the only one in the state having membership, as an association, in the state and national, is incorrect. Baylor Hospital Alumnae and St. Paul's Alumnae of Dallas, and John Sealy of Galveston, are affiliated as alumnae associations.

Vermont: THE VERMONT STATE NURSES' ASSOCIATION will hold a meeting May 16 and 17 in Burlington.

Virginia: THE VIRGINIA STATE ASSOCIATION will hold its annual meeting in Bristol, May 24-26.

Wisconsin: Wausau.—THE EIGHTH DISTRICT ASSOCIATION held a meeting in Wisconsin Rapids, February 21. After the business meeting Mollie B. Smith, industrial nurse for the Nekoosa Port Edwards Paper Company, gave a very enthusiastic talk on her work with the employees of the company and their families. Previous to the meeting Mr. L. M. Alexander, president of the company, entertained the members at luncheon. Milwaukee:—Under the auspices of the Milwaukee Health Department, the School of Health and Sanitary Science is giving a course of instruction in Public Health and Social Service to the nurses employed in the Health Department and others interested. A benefit was given for the Wisconsin Nurses' Club on April 2, at the Davidson Theater, when Pablo Casals gave a recital. THE MT. SINAI HOSPITAL TRAINING SCHOOL opened its new Nurses' Home with a public reception, February 22. The Fourth and Fifth District is organizing a Private Duty Section, with Miss Reynolds of Milwaukee, as chairman. THE HANOVER HOSPITAL has been enlarged and reorganized. Mrs. Mabel Bradshaw, who for a number of years was President of the Wisconsin Board of Nurse Examiners, has been appointed Superintendent of the Nurses' Training School.

BIRTHS

To Mrs. Marvin Jennings (Gertrude Aubuchon, class of 1920, St. John's Hospital, St. Louis, Mo.) a son, February 15.

To Mrs. Norman H. Hoopes, (E. Grace Beane, graduate of Howard Hospital, Philadelphia), a son, Norman H., Jr., January 4.

To Mrs. Metz, (Alice Bernard, class of 1916, Grant Hospital, Chicago, Ill.) a son, January, 1922.

To Mrs. J. Champlin Peirce (Edith Kimball Brock, Allentown General Hospital, Allentown Pa.) a son, J. Champlin, March 15.

To Mrs. L. K. Williams (Margaret Brehst, Iowa Methodist Hospital, Des Moines, Iowa), a daughter, February 13.

To Mrs. J. L. Gelly, (Marion Dingman, class of 1912, Rome Hospital, Rome, N. Y.), a son, Robert Dingman, January 11.

To Mrs. John Underhill, (Miss Dolly, University Hospital, Baltimore, Md.), a daughter, January 13.

To Mrs. A. R. Langway, (Amelia K. Stockman, class of 1911, Children's Homeopathic Hospital, Philadelphia), a daughter, Lois Jean, February 25.

To Mrs. A. Eisenhauer, (Mary Frye, Lankenau Hospital, Philadelphia), a daughter, Dorothy, March 24.

To Mrs. Harold E. McArthur, (Florence Gilbert, class of 1915, Jane McAllister School of Nursing, Waukegan, Ill.), a daughter, Lilian Janet, January 27.

To Mrs. Harlan Stock, (Ruth Hawbecker, class 1920, Hahnemann Hospital, Chicago, Ill.), a daughter, Virginia Mae, January 19.

To Mrs. Carl F. Coffman, (Ferne Hoagley, class 1917, Illinois Training School, Chicago), a son, George Hoagley, February 3, in Pekin, China.

To Mrs. Raymond Tearman, (Miss Hoenly, class 1914, Augustana Hospital, Chicago), a daughter, in March.

To Mrs. Harte Cook, (Miss Jefferson, class of 1911, Children's Homeopathic Hospital, Philadelphia), a daughter, February 1.

To Mrs. Ley, (Emily Johnson, class of 1914, Augustana Hospital, Chicago), a daughter, in March.

To Mrs. Charles Connor, (Esther Keeley, Mercy Hospital, Chicago), a daughter, Mary Ellen, March 19.

To Mrs. Ralph W. Hiett, (Louise Mehring, class of 1912, Toledo Hospital, Toledo, Ohio), a son, Ralph Waldo, Jr., February 13.

To Mrs. Thomas R. Buchan, (Margaret Mitchell, class 1914, Union Hospital, Fall River, Mass.), a son, March 13.

To Mrs. R. A. Gravdahl, (Matilda Pederson, class of 1917, Methodist Episcopal Hospital of Philadelphia), a daughter, Lillian Adams, March 19.

To Mrs. Raymond Jolley, (Agnes Patten, class of 1913, St. John's Hospital, St. Louis, Mo.), a son, March 11.

To Mrs. Robert L. Sterns, (Esther G. Ramler, class of 1913, Toledo Hospital, Toledo, Ohio), a daughter, Caroline Lou, February 27.

To Mrs. H. P. Metzger, (Ella Reggo, class of 1917, Children's Homeopathic Hospital, Philadelphia, Pa.), a daughter, in January.

To Mrs. George Schulte, (class of 1914, Samaritan Hospital, Philadelphia), a son, in January.

To Mrs. Charles V. McArthur,(Elsie Shortlege, class 1917, Children's Hospital, Philadelphia), a son, Robert Vernon, January 8.

To Mrs. Sieca, (Mary Elizabeth Stewart, class of 1912, University of Pennsylvania Hospital, Philadelphia), a daughter, Mary Elizabeth, March 5.

To Mrs. Blythe K. Jones, (Adelaide Thompson, Evanston Hospital, Evanston, Ill.), a son, in February.

To Mrs. Raymond F. McManaman, (Frances Tonigan, class of 1915, Jane McAlister School of Nursing, Waukegan, Ill.), a daughter, Mary Patrina, March 17.

To Mrs. John Gill, (Helen Wagner, class 1920, Lenox Hill Hospital, New York), a son, March 5.

To Mrs. Hiram W. Clayton, (Bertha F. Walden, class of 1913, St. Luke's Hospital, Chicago), a daughter, Frances Walden, March 9.

To Mrs. B. F. Bartholomew, (Margaret Whiteman, class 1913, Protestant Episcopal Hospital, Philadelphia), a son, Joseph Whiteman, March 7.

MARRIAGES

Mary Sue Allison (class 1920, Baroness Erlanger Hospital, Chattanooga, Tenn.) to Major Compton, April 1. At home, Ft. Bayard, N. M.

Marjorie K. Bartlett (class 1919, Hartford Hospital, Hartford, Conn.) to Theodore M. Stanley. At home, New Britain, Conn.

Nellie Beothby (class of 1915, St. John's Hospital, St. Louis) to A. G. Paget, January. At home, Guam.

Evelyn Bretzler (class of 1916, University of Pennsylvania Hospital, Philadelphia) to Samuel B. Thomas, M. D., March 27.

Mary Ethel Brown (class of 1919, South Side Hospital, Pittsburgh, Pa.) to William Thompson, March 11. At home Pittsburgh.

Henrietta Dalrymple (class of 1919, Presbyterian Hospital, Chicago) to Beder Wood, in February. At home, Moline, Ill.

Florence Eckert, (class of 1917, Iowa Methodist Hospital, Des Moines), to Robert Craig, February 22. At home, Oklahoma City, Okla.

Myrtle Ettinger (graduate of Augustana Training School, Chicago) to Joy Butteon, March 19.

Janet E. Fraser (class of 1918, Washington Boulevard Hospital, Chicago) to Wm. G. Beasley, in January. At home, Chicago.

Maude E. Feuerstein (class of 1915, Wisconsin Hospital Training School, Milwaukee) to Mr. Sprocesser, February 2. At home Watertown, Wis.

Lucy R. Howard (class of 1909, Illinois Training School, Chicago) to Mr. Hambrock, in February.

Dorothy Agnes Kibble (class of 1916, St. Joseph's Hospital, Sioux City, Iowa, to John Henry Rastede, February 28. At home, Thurston, Neb.

Florence Maude Mason (class of 1918, Trinity Hospital, Milwaukee, Wis) to Mr. Stein, in February. At home Milwaukee.

Pearl Pickering (graduate of Iowa Methodist Hospital Des Moines) to Harry Piggee, March 4.

Ruth Marie Porter (graduate of Cincinnati General Hospital, Cincinnati, Ohio, to David Griffith Morgan, February 25. At home, Grinnell, Iowa.

Mary Lucy Rogers (class of 1913, Hartford Hospital, Hartford, Conn.) to Charles Dally, in January. At home, Great Barrington, Vermont.

Ella Fry (class of 1918, Good Samaritan Hospital, Lebanon, Pa.) to Ray Wilson, in January. At home, Palmyra, Pa.

Clara B. Gibler, (class of 1919, Cottage Hospital, Creston, Iowa) to A. Fred Watts, M. D., February 19. At home, Creston.

Ida Hinneman (class of 1911, St. Francis Hospital, Kewanee, Ill.) to John F. Junis, February 14. At home, Sacramento, Calif.

Sadie Knight (class of 1919, Children's Homeopathic Hospital, Philadelphia) to H. Spellman, March 16. At home, Woodbury, N. J.

Ida Krieger (class of 1918, Lutheran Hospital, St. Louis, Mo.) to Albert Eichman, March 18.

Catherine L. Leary (class of 1911, Wise Memorial Hospital, Omaha, Neb.) to Edmund J. Louis, April 1. At home, Omaha.

Virginia P. McFarland, (class of 1916, Western Maryland Hospital, Cumberland, Md.) to Lewis Hale, February 15.

Dorothy Miller (class of 1920, Joseph Price Hospital, Philadelphia) to George Genssemer, March 17. At home, Contesville, Pa.

Evelyn Miller (class of 1918, Lankenau Hospital, Philadelphia) to Robert E. Creswell, February 11. At home, Knoxville, Tenn.

J. Nichols (class of 1919, University Hospital, Baltimore, Md.) to Mr. Lewis, in January. At home, Baltimore.

Christine Nicholson (class of 1919, Mercy Hospital, Chicago, Ill.) to Sidney Dillon, March 8. At home, Chicago.

Frances Preston (class of 1921, Washington University Training School, St. Louis, Mo.) to Melvin Strauss, in February.

Mary E. Price (class of 1919, Hahnmann Hospital, Scranton, Pa.) to Harold Powderly, February 15.

Jeanette Rose (class of 1918, Jewish Hospital, St. Louis, Mo.) to Henry Martin Tenney, March 16.

Bertha Adaline Scribner (class of 1921, Methodist Hospital, Indianapolis, Ind.) to Harry Richard Whemes, March 30. At home Chicago.

Mary Stearns (class of 1921, Washington University Training School, St. Louis, Mo.) to L. Smith, M. D., in March. At home, Fayetteville, Ark.

Stella Small (graduate of Wesley Hospital, Chicago) to Mr. Engells, March.

Grace S. Tucker (class of 1918, House of the Good Samaritan, Watertown, N. Y.) to DeWitt Empie, March 21.

Frona D. Watts (class of 1919, Burge Deaconess Hospital, Springfield, Mo.) to James L. Newman, January 21.At home, Springfield.

Carol Louise Washburn (class of 1921, Washington Boulevard Hospital, Chicago) to P. Clark, in January. At home, Chicago.

Bonita Yeakam (class of 1906, Indianapolis City Hospital, Indianapolis) to James Byron Gaylord, April 8. At home Managua, Central America.

DEATHS

Mrs. Winfred Scott (Emma C. Beiger, Clifton Springs Sanitarium, Clifton Springs, N. Y.), on February 15, at Warburg, Alberta, Canada, after a week's illness.

Susan L. Carpenter (Brooklyn State Hospital), in Binghamton, N. Y., February 14), Miss Carpenter was Principal of the School of Nursing at the Binghamton State Hospital from January, 1919, until the time of her death, she also served as secretary to District No. 5, to within a few months of her death. Miss Carpenter was a woman of excellent character and sound judgment; she was a great asset to the nursing profession and will be greatly missed by her friends in Binghamton.

Nora Clark (class of 1912, St. Joseph's Hospital, Chicago), Miss Clark died April 6 after a few days illness with pneumonia.

Anna Deaton (class of 1895, Bethany Hospital, Kansas City, Kansas), in Denver, April 12, after a lung illness. Burial was at Jacksonville, Ill.

Helen Derby (class 1908, Philadelphia General Hospital, Philadelphia) at South Side Hospital, Pittsburgh, on April 4, following an attack of pneumonia of seven days' duration. Although Miss Derby had a varied career both in private

duty nursing and in institutional work, her deepest interest was in social service activities. She came to the South Side Hospital in 1916 to be Directress of the Social Service Department which she developed and expanded with her able supervision. He noble and unselfish character, her refinement, her kindness of heart and devotion to the poor, render her death an irreparable loss not only to the poor and unfortunates to whom she brought sunshine, but also to her friends and associates who admired and loved her and who will always suffer her departure with genuine grief.

Mrs. Lawrence Dampier, Strathroy, Canada (Edith English, class 1910, Evanston Hospital, Evanston, Ill.

Dorothy R. Packner (class 1918, Brooklyn Hospital, Brooklyn, N. Y.). During the war, Miss Packner joined a Red Cross unit and served at Camp Humphreys. While nursing an officer she developed influenza and was ill when her unit sailed for France. On her recovery she returned to duty at the camp and served to the close of the war. Miss Packner never recovered from the infection contracted at camp.

Mrs. Josephine Kelly Ferguson (class 1917, St. Raphael's Training School, New Haven, Conn.). Mrs. Ferguson was married last June and though her health was impaired soon after, she was never known to complain but on the contrary offered her assistance many times when there was a shortage of nurses. As former president of her alumnae association she worked unceasingly for its interest. She was a member of St. Camillus Guild, the Visiting Nurse Association and the Board of the Central Registry for Nurses. She was untiring in her efforts for the improvement and upbuilding of her profession in all that was kind and charitable. Her many friends express great sorrow at her loss.

Gertrude B. Flaherty (class of 1916, Quincy City Hospital, Quincy, Mass.), March 8, after many months of patiently borne suffering due to the undermining of her health during the influenza epidemic of 1918. Shortly after graduating Miss Flaherty was appointed tuberculosis nurse for Quincy. She was untiring in her efforts to relieve suffering. In July, 1920, she went to California to regain her health, but her disease was too far advanced and she returned in October, 1921, to Quincy where she was surrounded by those she loved. She will be greatly missed as a friend and a nurse by those whose privilege it was to know her courageous, patient, self sacrificing life and her cheerful smile.

Mrs. H. H. Collins (Adelaide L. Gardner, class of 1890, Rochester General Hospital, Rochester, N. Y.) at the Highland Hospital, Rochester, November 5. Mrs. Collins will be greatly missed by her friends.

Mrs. Ellen N. Hair, (graduate of the New York Hospital) district nurse for Lakewood, N. J., was instantly killed at a railroad crossing on April 3d, as a result of a collision between the Ford sedan that she was driving and a train. Mrs. Hair came to Lakewood last summer from Worcester, Mass. She had served as an overseas nurse during the war. Mrs. Hair had a winning personality and a warm heart; she endeared herself to all who knew her and her loss will be deeply felt. Burial was at Baldwin, Kansas.

Mary E. Hayes, an attendant at the Essex Sanatorium, Middleton, Mass., died during a fire at that institution on March 9. She had received some training at the Western Maine Sanatorium and had done very good work in caring for her patients.

Grace Langham (class of 1911, Samaritan Hospital, Philadelphia), March 6, Johnstown, Pa. Miss Langham was a bright and attractive nurse, always faithful and conscientious much beloved by all who knew her, and she will be sadly missed

by her family and friends. Miss Langham was very ill while at Camp Sevier, N. C., and never fully recovered her strength. She developed pneumonia in August, 1921, from which tuberculosis resulted.

Mrs. Richard Juers (Ida Mae LaMont or Moran, class of 1917, Blodgett Memorial Hospital, Grand Rapids, Mich.) at Birnamwood, Wis.

Ethel Logue (class 1912, University Hospital, Baltimore, Md.) on March 1. For several years Miss Logue has been doing metabolic work in Baltimore. She will be greatly missed by all who knew her.

Mrs. John L. Robinson (Olga Meister, Cook's Hospital, Fairmont, W. Va.) on February 7, at Grafton, W. Va. Mrs. Robinson was of Swiss birth; she died a few days after the birth of her fourth child. She was a lovely character and her death is a distinct loss to her family and to the community.

Cornelia H. Parker (class of 1895, St. Luke's Hospital, Bethlehem, Pa.) on March 26, after an illness of one year. Miss Parker had a wide circle of friends and will be greatly missed by all who knew her.

Mary Steele Paton, (class of 1907, Malden Hospital, Malden, Mass.) on February 23, at Peter Bent Brigham Hospital, Boston, following a surgical operation. Miss Paton was a charter member of the alumnae association of her school; after graduation, she did private nursing until the outbreak of the war when she entered the Canadian Army Medical Corps, serving from April 1, 1916, until May, 1919. She served in various hospitals in England and France and received three decorations for bravery under fire, but due to her retiring nature, little was known of her experience. Miss Paton possessed a winning personality and was much loved by all who knew her. She was capable, efficient, unflagging in effort; she never avoided responsibility; never hesitated in the performance of duty. Her courtesy was unfailing and her consideration for others, marked. The nursing profession has suffered a great loss in her death.

Mrs. Lewis Brumm (Gladys Virginia Roberts, class of 1914, South Side Hospital, Pittsburgh), March 26, following an attack of pneumonia. Burial was at Coraopolis, Pa.

Mrs. A. W. Bernhagen (Prudence van Stallen, class of 1913, Toledo Hospital, Toledo, O.), March 26.

Mrs. Anna J. Thomas (graduate of the Hahnemann Hospital, Philadelphia), March 2, at Oteen, N. C. Mrs Thomas was one of the oldest graduates of her school. She was a valuable, faithful and earnest worker, one who without question responded to any call. Her death is a loss to the community.

Georgina Watt (class of 1910, Polyclinic Hospital, New York), on March 26, at the hospital in Ashcroft, B. C. Death was due to pneumonia following an illness of only a few days' duration. Those who were privileged to be associated with her realized her unusual charm, her bright and vivacious personality, her enduring friendship. Her loss will be deeply felt by a large circle of friends. Burial was in Vancouver, B. C.

Mary S. Young (class of 1912, Methodist Episcopal Hospital, Philadelphia), on March 29, at the Muhlenberg Hospital, Plainfield, N. J., following an operation. Miss Young was a head nurse at the Methodist Hospital after graduation until she enlisted for service in the World War. She served with the Methodist Unit in Navy Base No. 5, Brest, France. After her discharge from service she took a course at Teachers College, New York, (having the distinction of being a Robb Scholar) and since then has been a training school instructor. Her work was distinguished by faithfulness and unselfish devotion. Her loss is felt by the alumnae and many friends.

Alumnae News of the Alumnae Association of the New York Hospital contains further information regarding the life and death of Amy E. Holmes, concerning whom a brief item appeared in the April *Journal*. Miss Holmes was born in England in 1870 and graduated from the New York Hospital in the class of 1896. She served as a Red Cross nurse at Fort McPherson, Ga., for four months in 1898, and the following year, served in the Philippines as a Spanish-American war nurse. In 1900, she joined the English military service and served for five years, part of the time in South Africa, during the Boer War. She was superintendent of the training school for male nurses at Bellevue from September, 1907, for nearly three years. She was head nurse and superintendent of the American Hospital in Paris from April, 1911, to July, 1912, and was made an Associate of the Royal Sanitary Institute, London, in the fall of that year. From August, 1914, to December, 1916, she was Matron of H. M. Hospital Ship, *Delta*, and later Acting Matron of the Military Infectious Hospital, Cairo. After the Armistice, she was assistant head of the Paris office, American Red Cross Nursing Service. The last two years were spent as superintendent of an orphan asylum in Hartford, Conn. She received the following marks of recognition: a silver belt, from the officers of the Second Batallion, in 1902, in appreciation of her unremitting care of the sick; Royal Red Cross, First Class, conferred by the King in person; 1914-15 star for service in hospital ships; 1919, mentioned in a despatch from General Sir Ian S. M. Hamilton for gallant and distinguished service in the field. Miss Holmes was twice president of the New York Hospital Alumnae Association. Quotations from her diaries given in *Alumnae News* are of intense interest and show her courage, humor and self forgetfulness while serving under constant danger. Services were held in Grace Church, New York, February 24. Burial was in Arlington National Cemetery on the following day when, in addition to her personal friends, there were present Miss Noyes and Miss Butler, representing the Red Cross, and Major Stimson from the Army Nurse Corps.

A PLEA TO NURSES

I implore you to look over and beyond all selfish aims and considerations: accept the care of the sick as your sacred obligation, and because of them and in their interest, press your claims for better schools not only with the unorganized public, but with your state and national legislators. In a country where our founders proclaimed that our laws should make possible an equal chance for the pursuit of life, health, and happiness, the obligation to see this pledge more fully filled rests in large part with your profession. You cannot have great nurses in these days without good schools and you must be insistent, in season and out of season, until you have made your claim clear to every one—including those of your own number who do not make enough use of their collective strength and of their combined action.—By Isabel Lowman, *Modern Hospital*, February, 1922.

BOOK REVIEWS

Textbook of Surgical Nursing. By Ralph Colp, A.B., M.D., and Maneiva Wylie Keller, B.S., R.N. The Macmillan Company, New York. 453 pages. Price, $3.00.

This book is one of unusual value. The style is clear and direct and deals with its subjects in a practical manner.

A brief description of the important operative procedures is presented in a lucid way and the reasons for certain precautions so necessary for a proper understanding of the underlying principles, are given. With each operation is given, in addition, a brief mention of typical symptoms, the ante-operative treatment and the post-operative treatment. An interesting chapter is devoted to Surgical Dietetics with some necessary excursions into the adjacent field of medical dietetics as it bears upon surgical cases. Anesthesia comes in for its proper share of attention with admirable emphasis on the preparation of the mind of the patient for anesthesia and the important role the nurse may play in this aspect of her patient's treatment and welfare.

Other chapters are devoted to the Arrangement, Organization, and Equipment of an Operating Theatre, its Personnel, and the personal qualifications necessary for a successful operating nurse. These embrace all the virtues of mind and body, not forgetting a great forbearance with the vagaries of the nervous and overcharged surgeon. The descriptions of the equipment are very full and should be an excellent guide for those engaged in purchasing supplies for operating departments. Cuts, many and excellent, illustrate the various positions and the draping of patients, so that those a little hazy on such procedures, may quickly clarify their mental atmosphere and proceed confidently to act in a given case. The Dressing of Wounds, and a very full chapter on the preparation, use and application of the Carroll-Dakin Treatment, furnish a comprehensive and valuable addition to the book.

The closing chapter is devoted to Operations in the Home and with this material at hand the young nurse with little preparation but that obtained in a well-equipped operating room need not feel helpless in the face of her first experience in applying her knowledge of surgical technique, particularly with the aid of some improvised methods of supplying the usual equipment to this particular set of circumstances. On the whole the book seems to furnish practical, comprehensive material for the equipment of a nurse whether she be

a student, one just entering upon the practice of her profession, or one anxious to keep abreast of the changing times.

AMY P. MILLER, R.N., *Princeton, N. J.*

FIRST YEAR NURSING. Third Edition. By Minnie Goodnow, R.N. 358 pages. Illustrated. W. B. Saunders and Company, Philadelphia and London. Price, $2.25 net.

Since the first edition of this well known text-book, so great an advance in the study of nursing has been made that it has become imperative in the interest of both nursing instructors and students in training, that this, a revised edition, be issued in which are incorporated the latest facts relative to practical nursing.

This book emphasizes the importance of Ethics, the Care of Beds and Bed-making, the Classification of Diets and the Serving of Meals, Systematic Ward Duties, Baths and Hydro-therapy, the Comfort of Patients, Enemata and the various kinds of Douches; Examinations and Ward Dressings; External Applications; Temperature, Pulse and Respiration; Medicines; the Observation of Symptoms; the Nursing Care and Treatment of Medical and Surgical, Ear, Nose and Throat Cases. Valuable information is conveyed to the young nurse in the care and nursing of Gynecological and Obstetrical Cases, together with useful advice in the care of babies. Attention is called to Operative Technique and Bandaging, thus enabling the nurse to realize the great importance of this branch of nursing. The introduction of Occupational Therapy and the use of this curative agent is also dealt with. The fundamental principles of nursing are defined and the individual subjects demonstrated and detailed systematically and placed before the nurse with unusual lucidity.

The useful information given throughout the book is reinforced by review questions at the conclusion of every chapter by which the knowledge gained during the study of the book can be thoroughly tested.

The use and study of this nursing book is recommended to all instructors and teachers as it presents in each chapter a full and complete lecture on the subject mentioned in a clear and concise manner, such as will arouse the interest of all student nurses.

HENRIETTA B. DOUGLAS,
Instructor, Philadelphia General Hospital.

BOOKS RECEIVED

MANAGEMENT OF THE SICK INFANT. By Langley Porter, B.S., M.D., M.R.C.S. (Eng.), L.R.C.P. (Lond.), and William E. Carter, M.D. C. V. Mosby Company, St. Louis. Price, $7.50.

OBSTETRICAL NURSING. By Alice Weld Tallant, A.B., M.D. Lea and Febiger, Philadelphia and New York. Price, $2.25.

AN ELEMENTARY MANUAL OF PHYSIOLOGY. By Russell Burton-Opitz, M.D., Ph.D. W. B. Saunders Co., Philadelphia and London. Price, $2.50.

OPIATE ADDICTION. By Edward Huntington Williams, M.D. The Macmillan Company, New York. Price, $1.75.

INDIVIDUAL GYMNASTICS. By Lillian Curtis Drew. Lea and Febiger, Philadelphia and New York. Price, $2.00.

HYGIENE AND SANITATION. By George M. Price, M.D. Fourth Edition. Lea and Febiger, Philadelphia and New York. Price, $2.25.

The monthly *Bulletin* of the Department of Public Health of the City of Philadelphia for November, 1921, contains a report of the organization and function of the nursing service of the Department of Public Health by S. Lillian Clayton, which presents a picture of allied nursing service, such as we have rarely had the privilege of seeing. In her summary of principles of organization which can be readily applied to nursing organization in hospitals Miss Clayton brings out one point which is significant of the increasing appreciation by hospital authorities of public health: "To stimulate ideals of preventive work in the minds of the nurses, and to instill in them the viewpoint of social service in connection with their work."

In the report appended of the organization of the nursing service of the Division of Child Hygiene, Bureau of Health, the personnel of which consists of: a chief nurse, six field supervisors and fifty-three field nurses, we find another significant paragraph:

"To be eligible for appointment to the nursing staff of the Department of Child Hygiene, it is necessary that the nurses shall have had a general nursing education with special emphasis on the prenatal and postnatal care of mothers and in the care of infants, child hygiene, public health nursing, dietetics and sanitation."

Happy's Vanity Case is a recent and characteristically clever booklet prepared by the Child Health Organization of America, 370 Seventh Avenue, New York. It recommends a number of nature's cosmetics. Special mention is made of Cow's Vanishing Cream which, although best known as a complexion cream, if taken regularly, will bring graceful lines to the entire body.

Good Teeth is a valuable pamphlet on the care of the teeth which can be obtained by sending five cents to the Superintendent of Documents, Government Printing Office, Washington, D. C.

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